


# APPALACHIAN



**STUDENT  
HEALTH  
COALITION**

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# APPALACHIAN

## STUDENT HEALTH COALITION



**ANNUAL REPORT**  
**SEPT. 1982 ~ AUG. 1983**



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## TABLE OF CONTENTS

Acknowledgement . . . . .	1
Overview . . . . .	2
History . . . . .	3
Year Round Activities . . . . .	6
A Day at the Health Fair . . . . .	13
1983 ASHC Summer Sites: Map and Schedule . . . . .	14
Martin County, Kentucky . . . . .	15
Magoffin County, Kentucky . . . . .	22
Lawrence County, Tennessee . . . . .	26
Hazard Special Project . . . . .	30
Maternal and Infant Health Outreach Worker Project (MIHOW) . . . . .	33
Special Projects . . . . .	36
1983 Summer Participants . . . . .	39
Student Learning . . . . .	40
Recommendations . . . . .	45
Appendix . . . . .	48

- Funding Acquired in 1982-1983
- Mid-Summer Conference Agenda
- Orientation Schedules: Medical and Non-Medical
- Final Evaluation Form



# TABLE OF CONTENTS

1	Acknowledgment
2	Overview
3	History
4	Year Round Activities
11	A Day at the Health Fair
12	1983 ASHC Summer Clinic: Day and Schedule
13	Marion County, Kentucky
14	Magellan County, Kentucky
15	Letcher County, Kentucky
16	Harold's Special Projects
17	Material and Labor Used in Outpatient Health Project (MHP)
18	Special Projects
19	1983 Summer Schedule
20	Student Learning
21	Recommendations
22	Appendix
23	Reading Material in 1983-1984
24	M-L Summer Conference Report
25	Outpatient Schedule: Medical and Non-Medical
26	Final Evaluation Form

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## OVERVIEW

The 1982-83 year for the Appalachian Student Health Coalition displayed a new commitment to exploration and innovation. Our work was a year-long search for new directions and more effective ways to meet changing community health needs. The diversity of the summer projects reflects this search: a two-week health fair in Martin County, Kentucky, to support a local citizens group and to investigate problems of water quality; a two-week fair in Magoffin County, Kentucky, to promote the services of a primary care clinic; a one-week fair in Lawrence County, Tennessee, focusing on health care and services for the elderly; a special project focusing on women's health in Hazard, Kentucky; a special project focusing on maternal and infant health in Kentucky, Tennessee, and West Virginia; and five week-long projects at the end of the summer ranging from mini health fairs in day care centers to home health visits to the elderly to screenings at a local union's occupational health fair. The successes as well as the shortcomings of these projects helped us to design some long-term strategies for future work.

While exploration and innovation characterized the Coalition last year, the essence of our work has remained the same for the past fourteen years. We created an educational experience propelled by a human exchange between students, community members and health professionals. By pooling all of our resources, we worked toward a common goal: bringing about social change at the local level by improving health services and the overall quality of rural community life. We can congratulate ourselves on our tangible achievements. We raised over \$80,000; a record number of students from Vanderbilt and other southern schools joined the summer program; Coalition students gathered valuable information for communities in six different needs assessment and health surveys; and our health fairs provided free examinations to over 1,400 people.

Even more valuable to us, however, were the intangible achievements -- and rewards -- gained by offering our time, energy, enthusiasm, and support to the communities who must face the struggles every day that we encounter only for a summer. We have all been deeply affected by working together as a group, joining forces with local people to work toward goals sometimes articulated differently but in essence common to all. Most importantly, we discovered the joys of giving and taking by sharing our lives with one another. As one student put it, "I look back now and know that (the summer) has changed me in ways I've yet to realize."

As I look back over the entire year, I am once again reminded that our work was an inseparable part of both our fourteen year legacy and of our future. The continuity of purpose was most vivid to me when I sat down some time ago to read the early Coalition annual reports. The objective of Coalition work as articulated in the 1972 report was this:

"The objective is to develop sufficient interest within the community so that it will organize itself and focus its needs with a view toward finding long-term solutions to health problems....The health fair is the basis for arousing community spirit and determination...(it) serves to focus attention on a particular issue, health; and it develops the awareness of the community about that issue. Health is broadly defined to mean not only freedom from disease, but also the general well-being of an individual: social, political, economic, environmental, and psychological. Health care is the basis on which to better all aspects of community life."



In a letter I wrote home, I articulated our objective this way: "A large part of working with the Coalition is trying to help people in Appalachia as well as ourselves see the relationship between the condition of our own lives and those of the society at large. This means understanding how social, economic, political, and environmental forces are acting on us. Ultimately, our goal is to use improving health care as a tool to help powerless people make steps toward taking control of their own lives."

I believe that it's this continuity of purpose and spirit that has kept the Coalition strong and healthy over the years and will encourage its strength and growth for the future.

## HISTORY

The Appalachian Student Health Coalition has just completed its fourteenth summer. In order to understand the forces guiding the 1983 program, it is important to look at the history of the Coalition, both in terms of how it has changed to meet changing community health needs, and how it has remained the same. Perhaps the most enduring characteristic of the program is its unique mixture of innovation and rich tradition.

The Appalachian Student Health Coalition first began in 1969. A group of Vanderbilt medical students, led by Bill Dow, were disillusioned with the emphasis of their education on specialized medicine and hospital based care. Inspired by the activism of the 60's, these students wanted their education to bring them in contact with the current social problems affecting people in Vanderbilt's "back yard." Sponsored by a grant from the Macy Foundation, five Vanderbilt medical students and two nursing students designed a summer health project to provide free physical exams in medically underserved communities in East Tennessee. Dr. Amos Christie, frowned upon by his colleagues as a radical for his involvement, spent several weeks training the students in physical diagnosis. Once prepared, they traveled to Clairfield and White Oak, Tennessee, and gave exams to Head Start children. The group also traveled to Frakes, Kentucky; Jellico, Tennessee; and Harlan County. At the end of the summer, they returned to White Oak, where a health council of local citizens had formed to sponsor a three-day health fair at the White Oak school. At this fair, citizens of all ages received medical attention which included a medical history, basic laboratory screenings and a complete physical examination, all for free. One of the chief successes of the fair was the carnival like atmosphere students created with bright posters, displays, and games for children. They found this an effective way to make the experience of receiving medical care less frightening and intimidating, more relaxed and enjoyable. The success of this first fair encouraged the White Oak health council to continue working after students left to address the serious inadequacy of medical care in their area.

The Clearfork Valley, where Clairfield and White Oak were located, had been one of the first areas of local organizing efforts to improve health care and increase availability of social services. Several towns had already begun work to establish community run primary care clinics. Unlike the traditional private clinics, these were organized and operated by a board of local citizens rather than by doctors, thus they were more acutely aware of the health needs of the community. The clinics were also staffed primarily by nurse practitioners and subsidized to use a sliding fee scale, which allowed all people to receive care regardless of their ability to pay.



Exposure to these community controlled primary health care facilities and the grassroots organizing efforts behind them, made a powerful impact on the students that first summer. This "clinic movement" appeared to be the answer to problems of both geographic and financial access to health care in these medically underserved rural areas. Sliding fee scales could allow poor people to seek medical attention; reliance on supervised nurse practitioners rather than physicians allowed communities to support primary care providers they were previously unable to; and clinic boards made up of local citizens encouraged communities to take responsibility for their own health rather than relinquish that control to professionals, whose awareness of health problems could not help but be farther removed.

Notwithstanding the direct effect the first health fair made on the lives of people who had not received medical care for years, if ever, students found still greater value in the political implications of their work. In the next several summers, students redesigned the program so that its main purpose was to help communities organize around local health care issues. A model for summer work evolved in which local groups invited the Coalition to hold a health fair, organized a health council, and then sought to establish a primary care clinic in their community. The Coalition hired two organizers to live at each health fair site for the summer to assist this process. They incorporated as their motto the idea that health care is a right of all citizens, not a privilege, as well as the belief that health must be defined broadly to include social, political, psychological, economic, and environmental factors. Thus, the scope of their health fairs broadened to include law students to provide rights and benefits counseling, dental students, health educators, and an extra week to follow up on health fair patients.

In 1970, the group participants had increased in number from seven to an unwieldy fifty-one and in 1971 a more manageable twenty-seven. During these early summers, the Coalition's most enduring traditions were established. The group viewed itself as a partner with the community, living in their homes, where perhaps the most valuable learning takes place through the sharing of ideas, experiences, and kindness. The Coalition's goal became helping communities bring about much needed social change at the local level. This meant being careful to play a relatively passive role so that the initiative in organizing the fairs, the councils and clinics came not from transient students but from the people whose lives would be permanently affected by the change. Soon communities took responsibility for finding housing and meals for the students, for finding a location for the fair, for finding volunteers to staff some of the screening stations, for following up on work catalyzed by the fair by organizing local citizens. In short, the communities soon took responsibility for the success or the failure of the summer projects.

Out of these early summers, there also evolved a three pronged purpose which has guided the program ever since: first, to provide health services to medically underserved communities; second, to provide an educational experience to students and communities; and third, to provide support to communities in their efforts to improve health in the broadest sense. During the past fourteen summers, the Coalition has given over 43,000 free physical examinations in 52 communities in Appalachia and West Tennessee, 21 communities have established or are establishing primary care clinics, and more than 750 students have gained invaluable clinical and personal experience in the field of rural health care.

The Coalition, however, has been constantly changing in order to adapt to changing community health needs and shifts in the national economic and



political climate. The changes over the last three years have been particularly dramatic with the Reagan administration's swing away from support for rural primary health care. Sharp budget cuts for the Appalachian Regional Commission and the Rural Health Initiative, the two federal programs which, historically, have been the financial mainstay for rural health projects in this region, suddenly made it almost impossible for communities to build new clinics. Furthermore, the current administration has dismantled the National Health Service Corps, a program designed to pay medical students' educational expenses in return for service in medically underserved areas. Needless to say, the increasing difficulty of establishing new clinics has pushed the focus of the Coalition's work away from that area. Some people have begun to question whether or not the organization has outlived its usefulness. Others, however, have seen the shift away from clinic development as a necessary change to meet the demands of very different political circumstances, and above all as a challenge. After all, clinic development has not been an end in itself, but a means toward a greater end, that of locally determined social change. Recent increases in unemployment, cost of living, and poverty, make the calling of the Coalition all the more urgent. These changes have forced us to adapt and invent and create, to find new ways of achieving the goals we have upheld since the beginning.

How, then, has the Coalition changed in recent years, and in what new directions will it move in the future? First, one general change is that without clinic development as a tangible, galvanizing issue around which to form new groups quickly, the Coalition has found it more productive to work with already established community groups. Second, because certain traditional Coalition areas such as East Tennessee and West Tennessee now have operating clinics and groups behind them that are continuing to address other health issues, we have been branching out into new areas, such as Eastern Kentucky and South Central Tennessee, both of which have been long overlooked by rural health efforts. The issues our work has addressed have also shifted; some are broader, like supporting political and economic changes to increase the tax base in coal mining regions, or promoting a healthy lifestyle through health education and preventive care, or addressing problems of environmental health and pollution. Some issues are more specific, like supporting existing health facilities, women's health, care for mothers and infants, youth, and the elderly. Also, our role as organizers has been changing. In fact, we decided this year to change the job title of "community organizers" to "community workers" as it better describes the type of work they do. Because we are doing less now to organize new community groups, community workers frequently serve more as technical assistants to local groups, doing research, investigation, and assisting in whatever ways the leaders of the group see fit. One new service we have been learning to provide in this area is marketing skills to help clinics promote their services and increase their patient load. This is a service which will undoubtedly prove increasingly valuable in summers to come.

The Coalition's movement away from clinic development has made the effects of our work somewhat less immediate, less visible, less tangible than in years before. Yet, in some ways, our work is more in keeping with our most fundamental belief that in order to truly improve health, one must simultaneously address a spectrum of social and political issues. And because it is more difficult to assess our work quantitatively, we are learning to evaluate our work qualitatively, asking what effect have we had on the lives and



attitudes of those with whom we have worked? How have we ourselves been affected?

We see the Coalition's future work less in terms of clearly defined paths than in terms of vectors pointing toward new areas which we are still in the midst of exploring. Our experiences over the past year have shown great promise in the area of special interest health fairs, for instance, women's health or care for the elderly. The specific focus seems to give these fairs a momentum that health fairs with less clearly articulated purposes sometimes lack. We have also found it important not to shy away from addressing more controversial issues, such as racism, sexism, and land ownership, as they are often central to the broader issues of social change in the communities with which we work. We hope that future Coalitions will continue to incorporate these issues into their work, helping communities to bring about long overdue changes, not with militant anger, but with sensitivity and thoughtful determination.

#### YEAR ROUND ACTIVITIES

The Appalachian Student Health Coalition has gained most notoriety over the years for its summer program. Although the summer is the most visible part of our work and certainly the most labor intensive, it is the culmination of an entire year's efforts, without which there could be no summer program. In addition to preparing for the summer, the Coalition has several other commitments to communities we have worked with in the past, to the Vanderbilt community, and to the greater Nashville community. Our four main areas of year round activities are fundraising, community follow-up, student recruitment, and site selection.

#### Fundraising

The Coalition is a non-profit organization supported almost entirely by private foundations, individual contributions, and donations of time and medical supplies. Vanderbilt University provides the organization with space at the Center for Health Services, which includes rent and heat. During the 1982-83 year five foundations contributed a total of \$100,000, Vanderbilt students made five dollar contributions at the annual "check off" during registration for a total of nearly \$2,000 and individual contributions amounted to almost \$4,000 (for a complete financial breakdown, see Appendix). Volunteer efforts, however, are due just as much of our gratitude as monetary gifts. Vanderbilt faculty members generously donate their time and expertise to teach students physical assessment skills and to supervise health fairs during the summer. Past Coalitioners take responsibility for such tasks as reordering supplies, organizing the physical assessment course, and recruiting preceptors, and they play an instrumental role in giving co-directors advice and feedback on hiring decisions and the site selection process. Finally, we are grateful to all the families and churches that provide the summer group with housing, food, and hospitality during our stay. Without these gifts, in all of their many forms, the Coalition could not continue.

Aside from writing proposals to previous supporting foundations to renew grants and approaching many new foundations for funds, the Coalition has been working, in collaboration with the Center on broadening its financial base. One approach in this process has been to increase support from local Nashville corporations as well as from corporations and businesses



local to the communities in which we work. Another approach has been to compile a massive mailing list of all past Coalition participants in order to solicit contributions on an individual basis. Although the corporate strategy is still in the phase of research and developing contacts, the mass mailing went out in early April, thanks to the hard work of our work study student, Laura Hofmann. So far, the results of the mailing have been excellent. Of the 477 people we contacted, 38 have responded, raising a total of \$1,380.00. We would like to extend special thanks to Charles L'Hommedieu who agreed to donate \$1,200 a year for the next ten years to support one student each summer. Dr. L'Hommedieu was a member of the 1972 Coalition, and we are hopeful that other early Coalitioners who are now in a position to make substantial contributions will follow Dr. L'Hommedieu's lead.

#### Community Follow-Up

One of the most important commitments the Coalition has is to follow up on work we began the previous summer or in years past. Continuity has always been a weak point of the Coalition. The entire summer group spends a maximum of three weeks in each community. At most, the community workers spend nine weeks in one place. Continuity is hindered by a yearly turnover of co-directors. It is essential, therefore, that the Coalition continue to make community follow-up one of its highest priorities.

Last year's follow-up responsibilities were comparatively small because both health fair sites were well organized by strong community groups. In both Martin County and Feds Creek, the local groups took the responsibility to continue working on what began over the summer. During the fall and early winter, we made monthly visits to each site to attend their regular meetings.

In Martin County, strong local interests in establishing a twenty-four hour emergency clinic prompted us to connect the Concerned Citizens group with the Kentucky Office of Primary Health Care so that they could research options. Another concern in Martin County, brought to light by last summer's health fair, was water quality. In January, we went to Martin County with the Student Environmental Health Project to discuss possible approaches to the problem. Shortly afterward, the Concerned Citizens invited both groups to return in the summer to conduct a health fair with a special focus on water quality.

In Feds Creek, we continued to assist the Upper Levisa Health Council in its efforts to establish a primary care clinic in Eastern Pike County. Our main role was to serve as liaison between the Health Council and the Kentucky Office of Primary Health Care, which offered advice and direction on the actual process of establishing a clinic. In December, we joined five members of the Health Council to help represent their community at the National Health Service Corps' recruiting fair in Atlanta. Feds Creek, like dozens of other communities from across the southern region, set up a display hoping to entice a physician to fulfill his or her Corps commitment in their community. Although several doctors expressed interest, Feds Creek lack of a facility in which to practice put them at a serious disadvantage. Money, at this point, is their biggest obstacle. Regular fundraising activities generate small sums of money, but cannot draw the large sums (\$200,000 - \$300,000 needed to build a fully equipped clinic. Because federal sources are virtually non-existent now, we have encouraged Feds Creek to approach local businesses and the large coal companies in the area. We held a corporate fundraising workshop for the health council led by the Center's development coordinator, Sabrina



Cherry. The workshop was well attended and helped the Council devise some corporate fundraising strategies. In mid winter, a health care organization which operates primary care clinics in eastern Kentucky, Big Sandy Health Care, Inc., offered to build a satellite clinic in Feds Creek. This seemed an ideal solution for Feds Creek's dilemma as Big Sandy would provide personnel and take care of all administrative duties while Feds Creek would supply the facility, built with funds obtained by Big Sandy from the government. Furthermore, this option seemed most sensible because the sliding fee scale of federally funded clinics would ensure access to health care for all Feds Creek residents. After much deliberation and conflict, the board of the Upper Levisa Health Council decided they did not want to give up their autonomy by working under the auspices of Big Sandy and opted instead to try to establish a private clinic. (We certainly understood Feds Creek preference for autonomy but were, nonetheless, disappointed and discouraged by their decision.)

The Coalition also maintained contact with the Douglas Community Health Center, where we had stationed two students last summer to conduct a marketing survey for the clinic. The results of the survey helped the clinic staff and board see the needs of the community and ways to meet those needs in order to increase their patient load. Although we kept in regular contact with the Douglas Center, our involvement there during the year was indirect rather than direct. We found it more effective and appropriate for the Tennessee Primary Care Association, a Nashville based organization working to strengthen primary care centers across the state, to assume the bulk of our follow up responsibilities at this site.

#### Student Recruitment

Throughout the year, we organized social and educational events to which we invited Vanderbilt students and faculty and members of the Nashville community alike. The purpose of these events was first to encourage people to get involved in the Student Health Coalition, second to sustain the involvement and valuable contributions of old Coalitioners, and third, to educate those around us about the social and political issues of Appalachia.

Last year's co-directors advised us not to hold the annual "Appalachian Week" as it was not well attended and required a tremendous amount of time to prepare for. Instead, we spread the traditional Appalachian Week activities over the year. In the fall, we set up a photo exhibit from Appalshop, an alternative filmmaker's cooperative located in Whitesburg, Kentucky, called Appalachian Women: Three Generations, which was beautifully displayed at the Vanderbilt student center and well attended. In the winter we showed two Appalshop films, one about small town politics in Eastern Kentucky called The Big Lever and one called Coal Mining Women. We also offered two non-credit courses over the winter through the Center-based educational program called The University for Many. One was on grassroots organizing and the other was on women's health issues. Although the numbers of people attending these classes were not large, both classes had a mixture of Vanderbilt and non-Vanderbilt people, which we found quite rewarding. In the spring, we invited Guy and Candy Carawan, two musician songwriters from the Highlander Center, to give a concert. The auditorium was packed, people clapped and stomped and sometimes sat entranced by the mixture of folk, bluegrass, and traditional Irish music. Their deep concern with local and global problems and their unfailingly positive outlook was, an inspiration to us all.



In addition to these events, we held several open houses and monthly brown bag lunches to give old and potential Coalitioners a chance to get to know each other and to give us a chance to keep everyone informed of our summer plans as they developed.

Another crucial aspect of student involvement during the year was all the help we received from past Coalitioners. Not only did their work help to lighten our load, but continuous contact with them gave them the opportunity to give us valuable advice and feedback on our work. At the end of last summer, the group formed four committees: physical assessment course (to plan and implement in order to train next summer's medical examiners), supplies (to take inventory and re-order), preceptors (to recruit for next summer), and student recruitment (encouraging interested students to apply to the summer program or help during the year or both). The help these student committees gave us was invaluable. We were pleased not only that they did the job, and did it well, but often, students took the initiative to implement changes. For example, this year, the P.A. course included two new sections, one on mental health and one on women's health, both of which were taught by nurse practitioners who have had years of clinical experience in those fields.

Finally, recruiting students to hire for the summer program required a great deal of time and energy over the winter months. Early in the year, we had articulated as one of our goals to recruit minority students and more southern students into the program. In addition to medical and nursing students making presentations on the Coalition to classmates and our making presentations to undergraduate classes in the College of Arts and Sciences, we went on a recruiting tour, which brought us to Meharry, Fisk, Berea, Eastern Kentucky University, University of Tennessee at Memphis, and University of Kentucky in Lexington. We also contacted the career offices of nearly every college in this region and sent them information about the program. Our efforts nearly doubled the already large number of applications the Coalition receives each year. Our response was, of course, to form a "hiring committee" immediately to speed up the application review process. This committee helped us to define criteria for hiring students, gave careful attention to ten applications each, and met several times to help us narrow the choices down to a manageable number. Unfortunately our efforts to recruit black students did not succeed. Of those to whom we offered positions, only two accepted and before the summer began, both decided not to join. There are several obstacles inherent in the program, which come to mind when trying to understand why the Coalition has been so consistently white. One is that in recent years we have been devoting most of our energy to working in areas that are virtually all white and often suffer from the unfortunate ills of racism. Another more immediate problem is that many potential participants we interview at Meharry and Fisk are under financial pressure to pay for their education and need to earn substantial amounts of money. The Coalition has never been and probably will never be the place for that. Although the Coalition's financial picture is not likely to change, one suggestion we have to attract blacks to the program who can afford our meager stipends is for future co-directors to plan special projects for community workers to do in racially mixed or predominantly black areas of Tennessee and Kentucky. During the early years of the Coalition, Meharry students formed an entire and separate group to work in West Tennessee. Perhaps it is time to think along those lines on a smaller scale.

Our effort to recruit more southerners, however, was much more successful. This year we hired students from University of the South, Emory, Eastern Kentucky University, University of Kentucky in Lexington, Eastern Tennessee State



University and James Madison University. Combined with Vanderbilt students, 23 out of the 33 students we hired were from southern schools.

Another invaluable part of our preparation was a series of management training sessions led by Jay Harrington of the Tennessee Primary Care Association. Coalition co-directors, like most project leaders at the Center, have had little or no experience managing a large group of paid employees or coordinating a ten-week summer program. To help alleviate some of the confusion and panic, one training session a month for five months helped us to prepare for managing our summer employees by encouraging us to think through a range of issues and define our management approach.

These training sessions were essential to the success of the summer. From what we learned, the overwhelming task of effectively supervising a large group of student employees became one which was difficult but manageable.

### Site Selection

One of the most difficult, challenging and time consuming year round tasks for the Student Health Coalition is selecting sites for the summer program. This process involves both finding community groups that are willing and eager to work with us and developing a project with them which matches their needs with the services we have to offer. This history of the Coalition has shown certain criteria useful for selecting project sites:

1. Local leadership. In the past, there has been no greater index of success for our work during the summer than local leadership. The Coalition depends upon strong local leaders or an active community group to identify local issues, to help us design a project appropriate to the concerns of the community, and to play an active role in organizing and coordinating the health fairs. We also depend on local leaders to arrange meals for us during the fair and find places for us to live throughout our stay. Perhaps most important, strong local leadership is essential to the process of carrying on the work which the Coalition serves only to initiate. Without the continued effort to improve health care and the quality of community life, the Coalition's work would merely be providing medical services, a valuable contribution but short-term rather than long-term. Often we have found that a good indication of a community's capacity for continued leadership is whether or not it has had a history of following through on a community project such as building a volunteer fire department, starting a day care center, or successfully preventing a school from being shut down.

2. Potential for follow-up. Akin to our interest in a community demonstrating leadership is the potential it shows for following up on the summer's work. It is unrealistic to think that any significant changes in the health or health care of a community could come about in one summer. It is our greatest hope, therefore, that a community will continue working toward changes long after we leave them. We were far more likely to select a community that had clearly defined an issue about which they were prepared to make a long term commitment to work through. We also take into consideration what sorts of resources are available to communities that they can turn to for help and support to supplement what we have to offer them.

3. Location. As is the tradition, we were committed to working in Central Appalachia and West Tennessee. After fourteen



years, however, certain areas no longer need our help, whereas other areas that have long been overlooked by the Coalition and other health care organizations, seemed worthy of investigation. South Central Tennessee was one such area. We also sought a mixture of sites whose proximity would keep traveling time and costs at a minimum.

4. Interest to students. Although the Coalition's primary commitment is to meet the needs of the communities with which we work, we do not overlook the fact that we provide a valuable opportunity for learning to the students who participate. It is important, then, that we consider working with communities whose issues would be stimulating and challenging to students. We look for communities that are receptive to students because we know that the most valuable learning often takes place in community members' homes. We also seek a balance of sites and issues from land ownership and black lung in the mountains of Kentucky to the problems of maternal and infant health in the farm country of West Tennessee. It is important to us that our projects try to span the incredible diversity of people, places, and problems in this region of the country.

In addition to these traditional criteria for selecting sites, we also developed criteria for choosing issues and developing projects to help us achieve our goal of exploring new areas of work for future Coalitions. The types of issues we found were either broad or specific:

1. Broad issues

- Healthy lifestyle - supporting groups that encourage people to live healthier lifestyles by changing diet, habits, and exercise patterns. Groups often work toward this goal by coordinating efforts of local health groups (heart association, cancer society, diabetes association, weight watchers, etc.)

- Health education and preventive care - as with promoting a healthier lifestyle, some groups are especially interested in developing health education programs both in schools and in the community at large to try and cut down on the need for health care through preventive approaches.

- Environmental health - the connection between environmental problems and human health can often be seen in rural communities. We encounter problems with poor water quality, inadequate supplies of water, ground water contaminated by coal sludge or oil and gas brine, inadequate sewage and sanitation systems, and dumping of toxic wastes in nearby landfills. We were eager this year to team up with the Student Environmental Health Project (STEHP) to address the connection between the environment and the health of the community.

- Political and economic change - many of the health problems we find and difficulties securing health services can be tied directly or indirectly to the political and economic conditions of the region. Coal companies, for example, own most of the land in Eastern Kentucky, virtually all of the mineral rights, reap huge benefits from the mineral wealth, but are required to pay next to nothing in taxes to the communities around them. Some communities are seeking to change the structure of land ownership and to institute a more equitable system of taxation so that they have the financial resources they need to provide health care and other important services for their community. We were interested in using health fairs toward this end.



2. Specific issues - one of our greatest concerns in selecting summer projects was that they experiment with a wide variety of issues in order to find out what new areas the Coalition's resources are best suited to. This concern led us to explore many very specific health issues:

- women's health
- maternal and infant health care
- services and care for the elderly
- services for young people
- helping already established health services to increase utilization and become more self sufficient.

All in all, we were pleased with the scope of issues and sites with which we worked this summer.





## A DAY AT THE HEALTH FAIR

Several times in this report, we talk about the health fair as being perhaps the essential component of the Coalition's work, not because of the valuable service it provides (and it is valuable in and of itself) but because of its potential for stimulating community action. We often describe it as an "organizing tool," a means by which community groups gain momentum, confidence, and involvement from fellow community members that is great enough to make a significant improvement in the health of their people. It seems appropriate, then, to explain just what happens at one of our health fairs. We will describe it as if the reader him or herself has just arrived for the physical examination.

As you enter the fair, the health fair coordinator, standing behind a table keeping masses of paper and volunteers and telephones in order, greets you. The coordinator records your name and gives you several forms to fill out. Volunteers and students are available for help if you have trouble reading or writing. When you complete the forms, you move through several screening stations, first height and weight, then an eye test, and then you give a urine specimen to test for blood, protein, sugar, acetone, acidity and alkalinity. Next stop is the laboratory, where the lab technician pricks your finger to test for anemia, then on to the dental hygienists, who check for caries, oral cancer, and give instruction on proper care of gums and teeth.

At this point, you are finished with the basic screenings and often must wait a short while before a medical examiner is free. At this time you are directed to the health education room, where you can talk to the health educator about the many displays and informational pamphlets available there. Topics include health, social, legal, and environmental services available in the county as well as specific information on heart and lung disease, cancer, diabetes, hypertension, weight loss, dental care, alcohol, smoking, family planning, drug abuse, and others. Sometimes films are available for people to watch on these subjects, and often, local health agencies set up booths to provide information to patients. The health educator makes a special effort to counsel most every patient waiting on nutrition, as we can all stand to improve our diets.

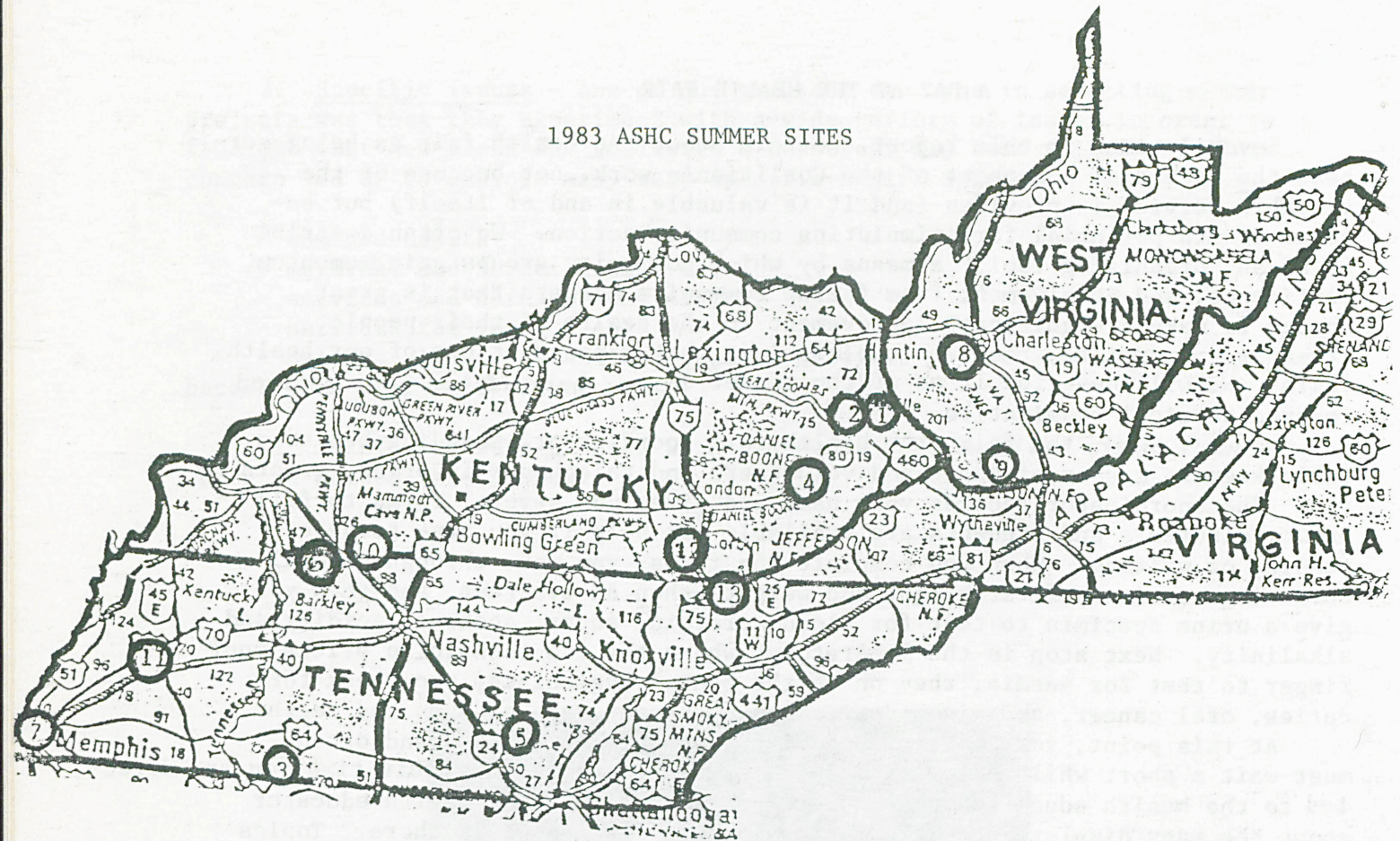
A medical examiner meets you in the health education room and takes you someplace where you can talk in private. The examiner talks with you for nearly an hour to complete a thorough medical history, important to keep on record, for detecting health problems, to make appropriate referrals and to indicate where to focus their health education energies. After the interview, you go with the student to an examining room for the physical exam. This includes measuring blood pressure, checking all the systems and organs of the body, prostate exams for men, pap smears and pelvic exams for women, a check for glaucoma, a hearing test, lung function test, immunizations if any are necessary, and a tuberculin skin test. Your examiner makes a great effort to make this a non-threatening and educational experience for you. You are encouraged to ask questions at any point during the exam in order to learn more about your body and the procedures the examiner uses to evaluate your health.

After the examination is over, if you have raised questions about eligibility for medical programs, federal aid of any sort, or are having financial difficulties, your examiner will take you to the rights and benefits counselors who discuss matters with you in complete privacy.

For most adults, a visit to the health fair takes close to three hours. Some find they are in A-1 condition. Others discover ailments that were previously undetected. Virtually all come away saying they received the most thorough examination they have ever had.



# 1983 ASHC SUMMER SITES



## Legend

- |                        |                      |
|------------------------|----------------------|
| 1. Martin County, KY   | 7. Memphis, TN       |
| 2. Magoffin County, KY | 8. Scarbro, WV       |
| 3. Loretto, TN         | 9. Gary, WV          |
| 4. Hazard, KY          | 10. Guthrie, KY      |
| 5. Grundy County, TN   | 11. Stanton, TN      |
| 6. Stewart County, TN  | 12. Williamsburg, KY |
|                        | 13. White Oak, TN    |

## 1983 SUMMER SCHEDULE

- |                    |  |
|--------------------|--|
| June 5 - 12        | ASHC Orientation, Nashville, TN                            |
| June 13 - 17       | Health Fair, Martin County, Kentucky                       |
| June 20 - 24       | Health Fair, Martin County, Kentucky                       |
| June 27 - July 1   | Health Fair, Magoffin County, Kentucky                     |
| July 5 - 8         | Health Fair, Magoffin County, Kentucky                     |
| July 11            | Midsummer Conference, Jenny Wiley State Park, Kentucky     |
| July 12 - 15       | Follow-up, Martin County, Kentucky                         |
| July 18 - 22       | Follow-up, Magoffin County, Kentucky                       |
| July 25 - 29       | Health Fair, Loretto, Tennessee                            |
| July 29 - August 2 | Special Project, Memphis, Tennessee                        |
| August 1 - 6       | Special Project, Hazard, Kentucky                          |
| August 4 - 6       | Special Project, Grundy County and Stewart County, TN      |
| August 8 - 9       | End of Summer Conference, Cedars of Lebanon State Park, TN |
| August 10 - 12     | Follow-up, Loretto, TN                                     |



## MARTIN COUNTY, KENTUCKY

In the summer of 1982, a local community group, The Concerned Citizens of Martin County (CCMC) invited the Coalition to conduct a health fair in support of their efforts to improve the quality of life in Martin County. CCMC first came together in February of 1980 in a successful attempt to thwart HUD's plan to relocate the town of Beauty without any communication with or participation from the Beauty residents. The success of their collective energies impressed upon them the importance of involving citizens in decisions that will affect their lives. Since 1980, CCMC has been encouraging the citizens of Martin County to play a more active role in solving problems that affect them all. Specifically, they have been struggling to improve the social services in the area, such as emergency medical services, the quality of local schools, police and fire protection, water quality and the sanitation system. They have also been working to build an animal shelter and reduce the enormous cost of utilities. Perhaps their greatest effort, however, which underscores all their other projects, is to substantially increase county revenues in order to make the improvements that are so badly needed. Their main concern as a group is to institute a more equitable system of taxation that will channel back into the county some of the enormous wealth accrued by the large coal companies and absentee landowners. It is truly shocking to find, for instance, that the Pocahontas-Kentucky coal corporation owns 81,333 acres of coal rights in Martin County but only pays \$76 a year in property taxes. Local citizens pay over five hundred times as much in property taxes on their homes and land. In order to improve services and conditions, Martin County needs much greater revenues from these large land owners.

In the summer of 1982, the Coalition conducted its first health fair in Martin County. It was a great success, drawing in over 500 citizens, many of whom were badly in need of medical attention. It also served to publicize CCMC and its concerns as well as improve its image in the county and greatly increase its membership. One of the findings from that first health fair was widespread distress about the quality of drinking water. This summer, CCMC invited us return to their county with the Coalition's "sister" organization, the Student Environmental Health Project (STEHP) to investigate problems of water quality and simultaneously address the pervasive health problems and lack of emergency care. It was our hope to thereby emphasize the relationship between environmental problems and human health.

For the second time, the health fair was very successful. Because CCMC had been through the process of preparing for a fair before and because it was the first fair of the summer, all arrangements for housing, meals and citizen transportation were set when we arrived. CCMC had also made up thorough information packets for each member of the health fair team describing their group and its projects and the surrounding area of Martin County.

The first week of the health fair was slower than we had anticipated. This was due mainly to an unfortunate coincidence. Much of the county's attention was diverted by a week of public hearings on the school board's decision to fire the superintendent for apparently political reasons. During the second week, however, the usual crowds began to gather and a waiting list grew longer and longer. In the end, CCMC was pleased that of the 450 people given physical examinations, a much larger proportion this year were senior citizens, Head Start children, and their families. In addition to our strictly medical work, CCMC conducted a health survey to gather



information on the most prevalent health problems in the county and the quality of care their citizens receive. STEHP also set up a booth on water quality, offering information to people at the fair on contamination and what to do about it. They also conducted a survey on the quality of drinking water that generated a great deal of very useful information which stimulated much of their work for the rest of the summer.

Many students commented on how much at home people in Martin County made them feel. Families let students participate in their daily routines and made an effort to teach them about the social and economic problems of the area. One family arranged a tour of the Ora Mae Coal Mine, a deep mine, which took students three miles underground, where miners work routinely for an entire day.

The health fair team returned to Inez later in the summer for "follow-up" week. At this time, all examiners sent test results to their patients and made home visits to those who had particularly serious health problems. Follow-up has proved an extremely rewarding time for students and patients alike. Relating to a patient in his or her own home provides the examiner with a much more complete understanding of the patient and often helps to uncover significant factors underlying the patient's underlying health problem. From the patient's point of view, it is often the home visit which makes the greatest impact. It most clearly expresses the premium we place on giving the patient ample opportunity to talk with the examiner as well as on developing a relationship with him or her that goes beyond the hurried visits in crowded clinics or hospital emergency rooms. Patients comment regularly on how much it meant to them that "a doctor" cared enough to visit them at home. Often students leave homes carrying gifts of watermelons, garden vegetables or jars of pickles. Most importantly, however, follow-up visits are the most effective way to convince patients with serious illnesses to seek further medical attention to avert a crisis. For all of these reasons, this week has become one of the most valuable components of the summer program.

Coalition community worker, Jenny Lawrence, and STEHP workers Laura McGrath and Jim Wright spent the seven weeks following the fair as summer staff members of CCMC. The health fair did not achieve what we had hoped in terms of joining the issues of water quality and health in the minds of county residents. CCMC viewed the water quality project and the health care work more as separate projects, which served as a healthy reminder to us that the impetus for a project to move in a particular direction must come from the community, not from us. This separation between issues did not, however, detract from the work each group did for the remainder of the summer.

Jenny worked on a wide variety of health projects. She worked with our health educator to provide counseling on obesity and started a weight loss group and exercise class. This program has continued under local leadership as a permanent service to the community. She wrote several health articles for the local paper, The Martin Countian, including one called "Health and Drinking Water." Jenny also put together a display on organic gardening methods for the garden show of the Martin County Extension Office. The bulk of Jenny's energy was devoted to researching options for establishing an emergency health care clinic or a primary care facility in Martin County. Despite the comparatively high number of physicians in the county (twelve for a county population of 14,000. Less than one per 2,000 institutes a medically underserved area), none will see patients on weekends, only one has hours one day a week after 5:00 PM, very few will see medicare and medicaid patients; thus, in an emergency, most people have to drive an hour to the nearest facility. Jenny's research involved organizing meetings with CCMC and local health care organizations,



like Big Sandy Health Care, Inc., to discuss the possibility of setting up a satellite clinic. She also talked with members of the Kentucky Office of Primary Health Care in Frankfort as well as other state and county officials and local doctors to review options for establishing new services. Unfortunately, because Martin County is not technically designated a medically underserved area, the options are quite limited. A more promising option Jenny researched was approaching local coal companies for funds to support an emergency clinic, which could meet the county's need as well as the coal companies' interest in cutting third party payment costs. By the end of the summer, one county physician made public a plan to open a private emergency care clinic in the near future. While this might not address the problem of financial access to primary health care, it might solve the problem of geographic access in the midst of a medical crisis.

The Coalition's work in Martin County this summer provided a valuable service to the community both in terms of rendering free physical examinations and follow-up care to people in need of medical attention and by researching ways to meet the enormous health needs of the area. More importantly, we helped to strengthen CCMC by increasing its visibility, expanding its membership, and improving its image in the county. We hope that our presence there has furthered their efforts to make Martin County a better, healthier place to live.

*"I was not prepared for feeling as at home as I did in the mountains. The initial 'outsider' label quickly faded as I found people sharing their lives and joys with me...The richest part of the summer was getting to know Gladys and Vernal Maynard, the folks with whom I lived. They are some of the most wonderful, warmest people I have known. What a privilege for me to live with them. The vitality and courage with which they approach injustices in the Appalachians will be a role model for my life. In spite of the enormous problems, Gladys and Vernal knew some action was better than no action, and it's better to light a candle than to curse the darkness."*

*Jenny Lawrence*

*Community Worker, Martin County*



# Concerned Citizens of Martin County

"People Working Together To Benefit Our Community"

GOALS: The Concerned Citizens of Martin County (CCMC) strives to promote:

- citizen participation in the community and government,
- cooperation among various groups and individuals in the county;
- new and improved community services;
- a local government that is honest and democratic;
- laws which are fair and are enforced;
- existing companies and new industries which take responsibility for their employees, the environment, and the local community;
- services to low-income and disadvantaged residents; and
- an overall improved quality of life in Martin County.

BACKGROUND: The CCMC was established on February 20, 1980 when citizens joined together in response to a proposal to relocate the town of Beauty against the wishes of the local residents. Since that time, the CCMC has grown into a membership-based, multi-issue community organization. The CCMC is a non-profit organization, fully incorporated under the laws of Kentucky. The CCMC is also a non-partisan group and, as an organization, does not endorse, support, or oppose any particular candidate, group, or political party.

MEMBERSHIP: The CCMC has over one hundred members. Members are entitled to vote at monthly meetings. Residents of the community are invited to become members and participate in CCMC community projects. You may become a member if you:

- support our goals and community projects;
- reside in Martin County;
- pay an annual membership dues of \$1.00 per year; and,
- are approved as a new member by vote of the full CCMC membership.

MEETINGS: The CCMC holds regular monthly meetings at 7:00 p.m. on the third Tuesday of the month held at the CCMC office in Inez. At meetings, citizens discuss current community concerns and projects. All are invited to attend.

ISSUES & PROJECTS: See back side of this sheet.

CCMC COMMITTEES: Committees for particular issues and projects are formed when needed. Currently, the CCMC has a utilities committee and a health & water quality committee. These committees meet each month.

FUNDING: The CCMC raises all of its own money. We receive no government funding. Throughout the year, the CCMC sponsors several fundraising projects including bake sales, raffles, yard sales, and other activities. Donations from the community are greatly appreciated and allow us to continue our services.

BOARD OF DIRECTORS: The CCMC Board of Directors, consisting of the organization's officers, are empowered to make decisions between regular meetings and in emergency situations, subject to the approval of the full membership at their next meeting. New officers are elected each year at the CCMC Annual Meeting in May. The 1983-84 Board consists of: Gladys Maynard, Chairperson; Lorraine Slone, Secretary; Dicie Charles, Fundraising; Mary Jane Blevins, Membership; Vernal Maynard, Treasurer; and, Bert Diamond, Director of Utilities Committee.

CCMC OFFICE: Main Street (Rt. 40), Box 670, Inez, KY 41224. (606)-298-4334

## Join Us



#### GOVERNMENT RESPONSIBILITY:

- The CCMC supports a local government that operates in an honest, democratic, and public manner.
- We believe that all citizens have a right to adequately see, hear, and participate at public meetings. We requested that the Martin County Board of Education move its meetings to a larger facility in order to accommodate the public and we have requested that the Martin County Fiscal Court use a full public address system at its meetings.
- We sponsored a "Candidates' Night" before the 1982 school board election to provide voters with an opportunity to discuss current issues with candidates.

#### PROPERTY TAXES:

- The CCMC supports fair tax measures which will provide the necessary revenues to support our schools and community services, but will not unfairly burden the small homeowner.
- We support a tax on unmined minerals. This tax could generate over one million dollars annually to support local services.
- We support the fair taxation of the county's largest property owners. Over the past several years, the CCMC has worked to increase the property tax assessments of the county's two largest absentee corporate landowners in order to bring more revenue into the county.
- The CCMC joined efforts with other concerned citizens throughout the state to form the Kentucky Fair Tax Coalition--a statewide organization promoting fair tax laws and surface owners' rights.

#### UTILITIES:

- The CCMC supports various public utility reforms which would help residential customers who already suffer from excessive utility rates. We support responsible decisions made by our public utilities and our Public Service Commission.
- We oppose Kentucky Power Company's involvement in the Rockport plant. Kentucky customers should not have to pay for a power plant in Indiana that will burn coal from Wyoming, especially when there is good evidence to show that this plant is not even needed.
- We support the Energy Consumer Protection Act of 1984, a proposed package of legislative and regulatory reforms to help small users.

#### EDUCATION:

- The CCMC supports a high-quality public education system which should be planned, implemented, and evaluated in a public manner involving parents, teachers, students, and taxpayers.
- We believe that school employees should be hired and fired on the basis of qualifications and performance rather than political motivations or personal vendettas.
- We support the establishment of a new public library in Inez which is expected to receive significant financing from the state and will be a great educational asset to the community.

#### HEALTH & WATER QUALITY:

- The CCMC believes that high-quality, prompt health services should be accessible and available to serve all residents of Martin County.
- We support the establishment of a 24-hour emergency facility.
- We believe in a clean and safe environment including good sewage and sanitation services and protections from flooding disasters.
- We support measures to improve the availability and quality of our county drinking water.

#### COMMUNITY SERVICE PROJECTS:

- We sponsored summer health fairs in 1982 and 1983 providing hundreds of county residents with free physical exams.
- We helped establish the Martin County Humane Society, Inc. in 1983.
- We published and widely distributed a free Martin County Almanac filled with valuable community information.
- We have sponsored a number of other service projects including benefits counseling, Christmas and Halloween parties for the children of the county, free educational films, and many others.



ISSUES &  
PROJECTS





## Concerned Citizens of Martin County

Box 670 Inez, Kentucky 41224

606/298-4334

October 10, 1983

Appalachian Student Health Coalition  
Center For Health Services  
Vanderbilt Medical Center/Station 17  
Nashville, TN 37235

Dear Health Coalition:

We wish to thank you for all your wonderful work in Martin County this past summer.

The members of the Concerned Citizens were all very pleased with the 1983 Martin County community health fair. Over 400 community residents benefitted from the free physical examinations and medical services provided at the health fair. These services were especially valuable to the many people who are low-income, unemployed, or lacking in medical coverage.

The health fair and follow-up week went very smoothly. We are especially thankful to Becca Knapp and Kevin Donze for all their help with preparations for the fair. The comments we heard about the health services at the fair were all very positive. Also, many people in the community spoke very highly of the friendliness and helpfulness of the students in the coalition.

In addition to the health fair, we were also very pleased with the work of the Rights & Benefits Counselors and Health Educator (Elizabeth Figueroa, Nancy Kephart, and Joanne Golden) who spent many long hours compiling a booklet on Martin County resources, a comprehensive listing of the health-related services in this area.

The work of Jennifer Lawrence, throughout the summer, also proved to be very beneficial to the Concerned Citizens. Jennifer helped research possibilities for a local primary care facility and interviewed many of the local doctors. Jennifer also put her nutrition skills to use by starting a weight-loss support group and by writing several articles for the local newspaper on nutrition-related topics.

Overall, we feel that the health fair this summer was a big success. In addition to the valuable services it provided to the community, it also gave a good boost to the Concerned Citizens as a result of the favorable publicity and local interest the health fair generated.

Thanks again to the Coalition and all those who helped make the 1983 Martin County Health Fair such a success.

Sincerely,  
*Gladys Maynard*  
Gladys Maynard, Chpsn.



## Concerned Citizens of Martin County

# Health And Water Receive Checkup

by Gwen Hall

Special to The Messenger

INEZ—Lucy Fields of Lovely says sometimes her water isn't good and that it needs to be analyzed. Emma Perry of Inez says she buys drinking water because her city water smells bad and turns her wash brown.

But water conditions were secondary reasons for the women's presence at Inez school recently. Both came in

hopes of receiving free, complete physicals at the health fair hosted by the Concerned Citizens of Martin County, a group partially funded by a grant from the Campaign for Human Development.

More than 400 people received a two to four hour-long physical exam at no charge last month. The exams were given by members of the Appalachian Student Health Coalition based at

Vandebilt University, Nashville, Tennessee.

As coordinators of the fair, the Concern Citizens of Martin County (CCMC) was responsible for publicity and organization. Gladys Maynard, CCMC Chairperson, spoke to Kiwanis Club and school board to solicit their support. She said seven churches provided meals either by preparing them or donating money for their purchase. "I

just think it's great that churches and local groups can work together," she said.

Individuals were involved too. Gladys Calloway and Charlene Armes cooked two complete meals for 35 people. Many CCMC members and church members opened their homes to the students for evening meals and sleep. Others provided transportation or helped with the fair.

Marcy Kephart, a graduate of

Earlham College in Indiana, who worked as a rights and entitlements counselor at the fair, said she had her hands full of people who couldn't afford dental and medical programs.

"There are a great number of folks in Martin County who do not qualify for programs such as Social Security and Medicaid that have very little money," she said.

It is for that reason that all of the Appalachian Student Health Coalition members will return to Martin County this month to follow up on their patients' referrals and to visit many of them. Two students will continue working in the county fulltime this summer.

Jennifer Lawrence will do research and make community contacts for a 24 hour emergency care facility in Martin County, where presently there is no

hospital. Laura McGrath will conduct a water survey and release the results later this summer.

CCMC will continue its advocacy for 24 hour health care and improved quality as part of its purpose to promote new and better community services.

Terry Keleher, CCMC staffperson, doesn't expect the health fair to return next year. The student coalition is a catalyst encouraging communities to work for better health services and to encourage the students to consider rural ministry.

AS KEHELER SEES it, "The health fair could be a catalyst to bring the community together to promote ongoing interests in health and service-related projects to benefit the community."



## MAGOFFIN COUNTY, KENTUCKY

We held our second health fair in Magoffin County, Kentucky, just southwest of Martin. One of the poorest counties in the state, Magoffin County does not have mineral wealth of the same magnitude of most Eastern Kentucky counties, and therefore suffers economically. Like Martin County, Magoffin County roads, schools, sanitation systems, water supply and social services are all in need of improvements. An estimated 75% of the Magoffin County population receives some kind of federal assistance. Unemployment in October 1982 was 14%, while the average income is less than \$5,000.

There is, however, one primary care clinic in Salyersville, the county seat, taken over for operation in 1979 by Big Sandy Health Care, Inc. Over the last several years, the Magoffin clinic has had a dramatic decrease in patient load. The reasons are complicated, but chief among them is the bad reputation of the previous clinic administration. Federal authorities in charge of financial support for the clinic issued warnings that unless the patient load increases, they will cease funding them. The Coalition was invited by a group of concerned citizens and Big Sandy to hold a health fair for two reasons: first, to provide a much needed service to county residents and simultaneously promote health education projects in the community and school system, and second, to increase awareness and utilization of the clinic.

The core group of citizens working to prepare for the fair was small but energetic. They saw themselves as an ad hoc group, called "the health fair '83 committee," and only vaguely entertained the idea of continuing as a permanent health group in the community. Still, they showed great eagerness to make the fair a successful community event and did an excellent job organizing and publicizing it. Four hundred ninety county residents received physical examinations. Due to the scheduling procedure, which did not target especially needy people, more participants at this fair than in Martin County had access to medical care already. Although some students were disappointed by this lack of urgency, others saw the potential value of encouraging people with resources to pay for medical care to use the Magoffin Clinic.

All in all, the fair went very smoothly. Complete cooperation from Big Sandy, the Magoffin Clinic and the health department greatly enhanced the quality of the fair by adding preceptors, a health educator with films and displays, a tonometer to test for glaucoma, and, of course, an eagerness for referrals for further medical attention and rights and benefits counseling. The University of Kentucky also lent us a computer on which families played nutrition quiz games while waiting for their examinations.

After long days of hard work, students were treated to a variety of social events organized by the local Kiwanis Club. These included a cookout, a swim party, and a boat ride at Jenny Wiley Park. The fair also coincided with the Salyersville fourth of July celebration, which culminates after days of musical gatherings and picnics, in a huge street dance to a live bluegrass band along the main street of town. People from all over came for this lively event, stomping, clogging, and making all us "foreign" students look clumsy.

After the health fair team moved on, Jon Weizenbaum and Edward McEachern, the two community workers, began to analyze information gathered at the fair and compile additional data to put together a marketing plan for Big Sandy. To their disappointment, the health fair committee disbanded shortly after the fair ended, leaving them without an important base of community support. It is clear from the health and economic statistics of the county as well as from driving around the more remote areas that Magoffin County is badly in need of help. In Jon and Edward's estimation, however, the community we worked with



lacked a clearly and commonly perceived issue around which to focus the fair and without which the Coalition can not stimulate long-term action toward improving community health. Jon and Edward's attention, then, necessarily shifted entirely to Big Sandy and the marketing survey, a project which might have more appropriately been carried out without the health fair at all.

Notwithstanding the shortcomings of this site, which were in themselves important lessons to the Coalition, our work there was in part a success. First of all, the health fair did provide a valuable health and educational service which reached hundreds of people in person and many more through the newspapers, radio, and TV. It is impossible to measure the extent to which such an event encourages people to take responsibility for improving their health. Secondly, Jon and Edward produced a very useful and skillfully prepared marketing study, including documentation of the health fair, a statistical sketch of the county, compilation and analysis of data from the Magoffin clinic and finally, specific recommendations for increasing clinic utilization, such as targeting populations that are not seeking care at the clinic if at all, like young mothers and infants.

By the end of the summer, the numbers of clinic patients had increased sharply due to referrals made at the fair. It is important for us to keep in mind that the reasons for the Magoffin Clinic's struggle to survive are deep rooted and existed long before we arrived. If our attempts to significantly improve a clinic's chances for survival fail, the Coalition should seriously reconsider the appropriateness of using our resources toward that end. Still, regarding our work with the Magoffin Clinic this summer, we hope that by implementing some of the ideas in the marketing plan, the clinic will attract a substantial number of new patients who will continue to use the resources available to them.

*"The most frustrating aspect of the summer was feeling so utterly and wholly helpless in the face of systematic injustices that meet these folks every morning when their feet hit the floor. One of the most beautiful things for me to see was the optimism of some folks in the face of an irrevocably unjust reality of the harsh world. These people manage somehow -- even with seven kids -- with a smile. This is a lesson we could all stand to learn."*

Edward McEachern  
Community Worker, Magoffin County

*"The fact that the health fair went smoothly does not excuse the fact that the Coalition's first priority, long-term community mobilization, went unfulfilled in Magoffin County....Despite the above, I learned a tremendous amount. The experience of organizing a health fair taught me much about dealing with people and logistics. The health fair team was great, unusually perceptive of the community and our role there."*

Jon Weizenbaum  
Community Worker, Magoffin County





## BIG SANDY HEALTH CARE, INCORPORATED

CITY ROUTE 1 • PRESTONSBURG, KENTUCKY 41653 • (606) 886-8546

MAGOFFIN COUNTY CLINIC • MUD CREEK CLINIC

349-5126

587-2200

August 23, 1983

Center for Health Services  
Appalachian Student Health Coalition  
Station 17  
Vanderbilt University  
Nashville, TN 373212

Dear Sir:

Please extend my sincere appreciation to all the outstanding young men and women that worked so hard to make the Magoffin County Health Fair such a success. People in the county are still talking about "those nice young folks from Vanderbilt."

The staff at the Magoffin Clinic has been able to help solve many problems identified by your team. Together we were able to significantly upgrade the community health.

A special thanks to John Weisenbaum and Edward McEachem who worked long and hard helping us collect data for a market analysis so that we can let all the people know what we have to offer.

Please consider returning again next year.

Sincerely,

Ellis G. Buchanan  
Executive Director

EGB/kjs



# DID YOU KNOW?

Your Magoffin County Clinic  
offers high quality medical  
care from a staff who cares?  
Most are local!

X-Ray Services  
Laboratory  
Obstetrics and Gynecology  
Emergency Services  
Flouride Program  
Nurse Practitioner - Midwife Service  
Dermatology  
Immunizations  
Family Planning  
Social Services Referrals  
Well-Child Care  
Adolescent Counseling  
Exercise and Nutrition Classes  
Free Blood Pressure Checks

*Reduced Rates for those who qualify.*

**Don't Let A Medical Problem Go  
Your Care Is Our Care!**

*Call 349-5126 for an  
appointment or more information.*



## LAWRENCE COUNTY, TENNESSEE

The Coalition's last health fair of the summer brought us to Lawrence County in South Central Tennessee. The switch from steep Appalachian mountains and coal mining machinery to flat farm land was dramatic to say the least. Students were glad to broaden their summer experience by holding the last fair in an area where issues and concerns were so different from those of the first two sites. We all quickly became aware, however, that despite the obvious differences from Central Appalachia, South Central Tennessee has also been long overlooked by the medical establishment and health organizations that have been working for years in other needy areas to improve health conditions. This area, like Eastern Kentucky, has many isolated communities in which people must travel long distances to reach the nearest medical facility.

What attracted us to this area in particular was a group called the Loretto Senior Citizens (LSC). Toward the end of our site selection process, the Legal Services office of Columbia, Tennessee, contacted us about a group that might be interested in having a health fair. During our first meeting with them, it was obvious at once that they were an unusually motivated group of elderly who understood immediately how having a health fair could not only provide a useful service to their community, but help their group clarify their long-term goals and give them the county-wide recognition they would need to achieve those goals.

In our next meetings with the group, we learned that their most immediate concern was to establish a financially independent senior citizens program to meet the needs of the elderly in the south end of the county. The group started several years ago as a "meals on wheels" site, which developed soon afterward as a club. The group supports itself almost entirely through their own small scale fund-raising projects and receives very little outside support. They operate out of the civic center because they do not have a center of their own and they do not have an activities director. State and Federal funds for senior citizens centers have stayed, for largely political reasons, near the county seat of Lawrenceburg, and attempts by the Loretto Senior Citizens to secure their fair share of those funds have as yet been unsuccessful. Involving county officials, social groups, health organizations, and citizens in putting together a health fair seemed to them one way they might attract attention to their group's need for support. They also realized, however, that the process of organizing a fair might help them devise other strategies to meet their monetary needs, as well as help them develop a clearer idea of what kind of center they would like to build, what services they would like to offer, and in essence, what kind of group they would like to become. It was on these issues that we tried to direct our energies while helping them to plan for the fair.

Our next meetings with the Loretto Senior Citizens were very impressive. With the encouragement and advice of the Legal Services staff members Bill Haley, Ophelia Tisbee and Esther Lindsay, coupled with the information they needed from us about the fair, the group grabbed hold of the project and ran with it.

Their first decision was to have a one week health fair rather than a full two week fair. Then, they broke down into committees, each responsible for a different aspect of the fair, set tasks for themselves, a time frame, and got right to work. Within weeks, we received word that the group had already raised \$800.00 to cover costs and had approved a location for the fair, which was at the Sacred Heart School in Loretto.



Atypically, the community workers, Diane McKee and Laura Hofmann had almost the whole summer to work with LSC to prepare for the fair. The group had previously decided to target the low income elderly and made good use of their time by taking Laura and Diane door-knocking to sign people up for appointments. They also contacted two hospitals in the county, many health organizations, the public health department, youth groups, church groups, and the media to get as many different people as possible involved in the event.

On the night before the fair, LSC welcomed the health fair team with a huge "acquaintance banquet," replete with table after table of home cooked dishes and garden vegetables. We all introduced ourselves to one another, and families taking in students for the week had an opportunity to meet their new surrogate children. Everyone in the Coalition felt at home immediately. The night not only demonstrated the support and enthusiasm of the LSC, but was a harbinger of the support demonstrated by the southern end of the county during the next week.

Coalition members agree unanimously that the Loretto health fair was the most successful of the summer. The appointment schedule was booked from beginning to end, and the health team responded positively not only to the fact that their patients, 290 in all, were generally in great need of medical attention, but that overall, the health fair had a very clear focus: addressing the health needs of the elderly. Community support for and participation in the fair was overwhelming. Thirteen different churches provided dinner and supper every day of the fair; two county hospitals and nursing homes, the Red Cross, Heart and Lung Associations, Cancer Society, and the health department contributed health education materials and displays for the fair; the Lions Club brought their eye-testing van to test patients; a local church group set up a crafts display and flea market; Father Baltz of the Sacred Heart Church and Martha Lee Brown of the Nutrition Program donated time and vans to organize a transportation network for the homebound; the Catholic Youth Organization and numerous community members served as volunteers at the registration table and various screening stations; a local TV and radio station, as well as newspapers covered the fair from beginning to end. Two of our students, Joanne Golden, the health educator, and Marcy Kephart, the Rights and Benefits counselor also made a very valuable contribution to LSC and the community by compiling a resource booklet geared mainly toward the elderly, which listed local health, legal services, and organizations that give care to the elderly.

To thank the health fair team for the long hours they put in at the fair, LSC and families housing students arranged a number of social events. These included a covered dish dinner, a swimming party, a historical tour of the iron works and Civil War battle sites in the area, an ice cream party, a tour of a casket factory, and at the very end, a large banquet and talent show. The joy of this last gathering brought forth all of the rewards that the Coalition and LSC had gained over the week of hard work and the sharing of our lives. It captured not only our feelings about our last health fair, but about the entire summer, that we had all been a part of something more valuable than we could ever fully understand.

A member of LSC said to several of us during one day at the fair that seeing all these young people spend their summer helping people had restored her faith in humanity. From our perspective, working with a group like LSC, which is so firmly dedicated to helping their community become a healthier, more humane place to live, was every bit as inspiring to us as we try to establish our careers. All of us gained tremendously from working with such an



exceptional group of elderly people. Several medical students found the experience rewarding enough to consider geriatrics as a speciality, and many commented on how valuable it was to transcend their "ageism" and see how much older people have to offer the young.

Loretto was an ideal health fair site. The support of the community was tremendous. This first helped to mobilize the fair, but more importantly convinced LSC that the whole south end of the county can and will come together work toward improving the quality of their lives. LSC itself has much work ahead in terms of developing long range goals and strategies for achieving them. One idea they have talked about is to work toward establishing a senior citizens center that could provide day care for the elderly and children combined. A survey designed by Legal Services and implemented over the summer and fair, indicated a need to establish services for people who do not need nursing home care, but cannot take care of themselves entirely. A day care facility might well suit the needs of this population. We are encouraged by this group's energy, enthusiasm, and potential for following up themselves on projects they initiate. We hope to work with more groups like them in the future.

*"I leave with the firm belief that I have gained more than the community from this summer. I have a newly found confidence in myself and that my decision to study medicine is an appropriate one for me. I have a far greater understanding of the needs of our rapidly growing elderly population. My understanding has not come from my intellectual perception, but from living and working among them.*

*"There were many moments when it seemed as though we had come to a complete standstill. Still other times when we thought we'd never get everything done. But when the senior citizens, the students, and the families assembled to say goodbye...I knew that something worthwhile had occurred. I would work the whole summer again just to experience the feeling of accomplishment and good will which was expressed."*

*Diane McKee*

*Community Worker, Lawrence County*

*"My work with the group (LSC) helped me to realize my own potential to help people in tangible and humane ways. My future is brighter for having experienced this inner growth."*

*Laura Hofmann*

*Community Worker, Lawrence County*



**FREE**

# HEALTH FAIR

**FREE**

**SPONSORED BY  
LORETTO SENIOR CITIZENS**

with the Appalachian Student Health Coalition, and  
Legal Services of South Central Tennessee

**SACRED HEART CATHOLIC SCHOOL - Loretto**

9:00-4:00 M, Tu, W, F/12:30-6:30 Th

**JULY 25-29**

**MEDICAL EXAMINATIONS BY APPOINTMENT ONLY**

Due to overwhelming response, we regret that all  
available appointments are full. Openings will be filled from a waiting list. Call 853-9900 for more information.

**EVERYONE IS INVITED TO COME AND BROWSE**

Interesting exhibits, focusing on health, issues of Senior Citizens will include:

**CROCKETT GENERAL HOSPITAL**

Presenting Displays  
Demonstrations, and Films  
throughout the week on the following  
topics:

- \*Diabetes
- \*Hypertension
- \*Medications
- \*Nutrition
- Physical Therapy
- \*Respiratory Care
- \*And Others

**SCOTT MEMORIAL HOSPITAL**

Health Education Programs Daily  
Blood Pressure Testing and Film Offered  
Continuously

- \*Mon--Heart Risk Appraisal
- \*Tues--V.I.T.A.L. Program-  
Registration of Chronic Conditions
- \*Wed--Respiratory Disorders
- \*Thurs--Proper use of Medication
- \*Fri--Nutrition

**ROYAL CARE NURSING HOME**

Will be available Monday and Thursday to  
talk about nursing homes and activities, and Friday  
to answer questions about Medicare-Medicaid benefits.

**PLUS ARTS & CRAFTS, FLEA MARKET, & LOTS OF FUN**

We wish to thank area businesses, civic groups, service  
agenices, churches and individuals for their generous support.



## HAZARD SPECIAL PROJECT

The Coalition stationed two students this summer in Hazard, Kentucky, to assist the Appalachian Women's Health Network (AWHN), a group of health professionals and local women working to increase health awareness and services for women in Eastern Kentucky. The group originally formed in January of 1982 as the health committee of the Mountain Women's Opportunity Center in Hazard, a group of women working to promote non-traditional employment for Eastern Kentucky women. Its first project was to establish a shelter for battered women and children, a service that has been badly needed in the area for years. Early in 1983, the health committee spun off and became an independent group, which, in addition to running the domestic violence shelter, has been primarily concerned with developing health education and preventive care programs for women.

The two community workers for this project, Colleen Keleher and Julie Triedman, began meeting with AWHN in the late winter and early spring. By the start of the summer, they had planned as their goals to write a "yellow pages" of health resources for women in Eastern Kentucky, hold a brunch to bring together women in the region working to improve rural women's health, and prepare several health education presentations on topics of particular concern to women, such as breast cancer, pre-natal care, menopause, and smoking (lung cancer has just become the leading cause of death for women in the state of Kentucky), and hold a six day health fair for women in the area.

Julie and Colleen moved up to Ary, Kentucky, just northwest of Hazard, set up an office at the Homeplace clinic and plunged into work immediately. Their first project, the brunch, was a great success gathering people working in the women's health field from all around the Eastern Kentucky region. The next project was to be the women's yellow pages, but initial research proved the need for such a publication to be less urgent than originally thought. For the weeks preceeding preparations for the health fair, Julie and Colleen put their energies instead into health education activities for the Hazard community. Their efforts were remarkably productive. They wrote health articles for local newspapers, broadcast health tips on radio stations, appeared on radio talk shows and a TV program to discuss health issues, did presentations for the "weight-off-wisely" group, and taught local people how to take blood pressure.

Their work was not without some frustration, however. AWHN turned out to be a less cohesive and supportive group than we had anticipated. Unlike many of the groups the Coalition works with, this group is made up primarily of professional working women whose greatest commitments lie outside of the group. Also, the group members came from many different towns and thus did not represent the support of any one community. Julie and Colleen had hoped for more guidance and communication from the group than actually materialized during the summer. Because no one community in particular was involved, Julie and Colleen did not live with a family but in an apartment next to Homeplace. The accommodations themselves were fine, but the situation overall made for a much more isolating experience than either Julie or Colleen was prepared for.

Judging from the volume of their accomplishments and the success of their projects, these difficulties did not impede their motivation much at all. Their work culminated in a six day health fair in three locations for rural women. Just as we found in Lawrence County, gearing the fair to meet the needs of a specially targeted population turned out to be a very effective way to use our resources. One hundred thirty-five women received physical exams, which, in addition to basic health screenings, included a complete pelvic



exam, counseling on nutrition, rights and benefits, family planning, and menopause, a health risk appraisal, dental check, and health education film. What stood out in the minds of the examiners and patients during this fair was how effectively the health fair team used health education resources. Before and after the examination, the team actively incorporated health education into the patient's experience at the fair, making sure she had ample opportunity to talk with people at every station. During the exam, the patient was encouraged to ask questions throughout, to watch the entire procedure with mirrors if she chose to, and to discuss any health issues raised along the way. It was a long, tiring, but extremely rewarding week for everyone involved. Julie and Colleen returned to Ary after the summer program ended to do follow-up work, returning test results to patients. Despite some difficulties deciphering test results without the help of the medical examiners, they got in touch with all patients who needed to seek follow-up care.

The positive feedback from patients, examiners and volunteers has encouraged us to think seriously about focusing our health fairs more consistently on special interest groups in the future.

A report on this site would not be complete without offering special thanks to Dr. Maureen Flannery for all the time, energy and enthusiasm she gave to the project. Julie and Colleen found her support invaluable during the summer, and our female medical students were especially grateful to spend time with a physician who served as such a compelling role model for them. We were all inspired by the contribution she made not only to the quality of our health fair, but to the effort to improve the health of women and families in rural Eastern Kentucky communities.

*"All in all, the women's health fair was a great success and a rewarding experience for everyone who took part in it. Of the 135 women who attended the fair, so many gained a deeper understanding and respect for their bodies. You could see it in their faces as they left the fair. And so many learned about caring for their bodies and discovered what preventive health care is all about. There's no doubt that the health fair was well worth all the time, energy, and frustration that went into planning for it."*

*Colleen Keleher  
Community Worker, Hazard*

*"I had never expected that I would be working and living so closely with another individual....This potentially disastrous union turned out instead to be one of the best things to come out of (the summer), a strong friendship. We understood each other's need for space, and usually took our weekends apart ...as it was, we always had stories to tell each other and humor was always high (well not always). After the failure of our greatly agonized over 'quit clinic,' the workshop we had prepared so long for and had well publicized, only one man came. Just before, we had been informed by the cancer educator at Mary Breckenridge Hospital that such clinics were generally unsuccessful but hadn't believed that it would be so bad. But Colleen and I went home and went crazy--turned up the bluegrass and flatfooted to our hearts delight in the 95° summer night, amidst the many 'I quit' pins that the American Cancer Society had given us for the course."*

*Julie Friedman  
Community Worker, Hazard*



June 27-July 1 (cont.)

-Recording ourselves on radio was a very difficult experience, initially--there was always the tongue-tie or stutter that brought a wince when the recording was played back. Once we became at ease with the microphones and the sound of our own voices on tape, recording came to be great fun for us.

-Sent out our first weekly articles to

The Herald Voice	Perry County
The Floyd County Times	Floyd County
Thousandsticks News	Leslie County
The Manchester Enterprise	Clay County
Troublesome Creek Times	Knott County
The Mountain Eagle	Letcher County

## **The Floyd County Times**

**Wednesday, July 6, 1983**

### **Bon Appetit**

Some suggestions for healthier eating:

Whenever you can, make your own soups and whole-grain breads. They are much more nutritious than canned soups and spongy, store-bought breads. And they taste better, too!

When you fry up food, use a cast iron skillet. It's a good source of readily absorbed iron, which is needed by women and children especially. And don't fry with lard--use vegetable oil, it's better for you, and makes foods taste lighter.

When you cook vegetables, use only a little water, cap the pot tightly, and save the water. Too many vitamins are lost into the air and the water. Use the broth as stock for soup, sauces, or bread dough, to recycle the vitamin-rich water.

Read the labels on the foods you buy! There's a wealth of information now on most food products about what they contain. The ingredients are listed in order of quantity, so the first ingredient is being used in the greatest quantity. Watch out for sugar: it can cause tooth decay, and can aggravate your diabetes or obesity. It's disguised under such names as glucose, sucrose, lactose, fructose, maltose, corn syrup, molasses, honey, and brown sugar. If it's the first ingredient listed, don't buy the product: there's too much sugar in it.

This is the first in a series of articles by the Appalachian Women's Health Network, a group of health providers and consumers.

For more information, call 378-5180.

### **Troublesome Creek Times**

**Wednesday, July 13, 1983**

## **Diet pill dangers**

Are you taking diet pills in an attempt to lose weight? An estimated 10 million people, mostly women, who take diet pills containing phenylpropanolamine or "PPA" are exposing themselves to a drug that has the potential for altering brain function and raising high blood pressure, while offering little help in controlling weight. This drug is dangerous for at least 30 percent of adults who are overweight.

Although the advertisements often claim weight loss of up to 100 pounds, industry-sponsored tests show the average consumer can expect to lose less than two pounds per month from taking PPA.

The Federal Trade Commission, because of some bureaucratic paralysis, has not made strong efforts to halt, on a nationwide basis, this serious case of false and dangerous advertising by all manufacturers of PPA-based pills, but the State of California has taken action against

the diet pill advertisers. As a result of court action undertaken by the Ventura County CA, district attorney's office, Thompson Medical Company, the manufacturers of "Dexatrim," "Control," "Prolamine," and "Appedrine," will halt exaggerated weight loss claims for its products and pay Ventura County \$145,000 in fines.

If you would like more information about PPA and diet pills, write PPA Clearinghouse, Center for Science in the Public Interest, 1755 S Street, Washington, D.C. 20009.

Submitted by the Appalachian Women's Health Network, a group of health providers and consumers. For information call 378-5180.



## MATERNAL AND INFANT HEALTH OUTREACH WORKER PROJECT (MIHOW)

MIHOW is a project, based at the Center for Health Services, working to improve maternal and child health in the mid-south region. In 1982, the project was awarded a large grant from the Ford Foundation and Robert Wood Johnson Foundation to work in six low income communities in Kentucky, Tennessee, and West Virginia. The project is training and employing six outreach workers to carry out activities in their communities that will involve pregnant women in prenatal care, and that will encourage breast feeding and foster the cognitive development of children up to the age of twenty-four months. The most innovative aspect of this program is its community focus in that it aims to develop support groups for specific categories of parents and to identify and use "natural helpers," individuals in the community whom people naturally turn to for help. MIHOW recognizes that the best way to insure long-term improvements in maternal and infant health is to develop, at the local level, the potential for support for this effort and to give as much responsibility as possible to the already existing network of natural helpers in each community.

This summer, the Coalition offered assistance to MIHOW by hiring two pairs of students to help each community conduct a baseline data survey to gather information on current maternal and infant health conditions. The purpose of the survey was to establish a base of knowledge at the start of the project so as to effectively meet each community's particular health needs and to record data against which to measure future improvements in health care MIHOW hopes to make.

In early June, Coalition workers met at the Highlander Center outside Knoxville with Barbara Clinton, the director of MIHOW, and the outreach workers from each community for an orientation and training. In addition to us all becoming acquainted and students learning a little about the communities they would be living and working in, this orientation focused on the survey. As a group, we reviewed the survey, which had been adopted from one developed for similar purposes by an evaluation firm called High Scope. After sharing criticisms and suggestions, each student and outreach worker took turns administering the survey to each other, then reconvened to make further improvements. By the end of the three-day orientation, all parties felt prepared to carry out the survey project.

After the Coalition orientation, both pairs, Burki Bush and Loretta Carrico and Joanne Jaffin and Nancy Segal, set out for their first sites. For each pair, the sites were diverse. Burki and Loretta went first to Stanton, Tennessee, a small predominantly black farming community in western Tennessee, second to Guthrie, Kentucky, a racially mixed agricultural and small industrial town on the southwestern Kentucky border, and third to Gary, West Virginia, a predominantly white Appalachian community in the heart of coal mining country. Joanne and Nancy's sites were more similar in terms of employment but equally diverse in character. Their first site was Williamsburg, Kentucky, a small southeastern Kentucky city, predominantly white, county seat of coal producing Whitley County; their second site was White Oak, Tennessee, located in the mountains of eastern Tennessee amidst strip mines, poorly paved roads; and their third site was Scarbro, West Virginia, a community mainly dependent on coal mining and one or two other small industries, but more affluent than the first two sites.

Each pair of students made sure to keep the approach to their work consistent with MIHOW's goals by teaching community people to actually implement



the survey. At each site, they trained a group of local women to conduct the surveys, using a random sample of a total of sixty pregnant women or mothers with children twenty-four months or under. Each pair supervised the process, stayed close by to trouble shoot, then coded the results on computer sheets when the surveys were completed. Not only did local women have more success asking the survey questions of their neighbors than strangers would have had, but making them responsible for the surveys helped to develop local leadership and stimulate community involvement at each project site.

As with the Hazard special project workers, all four MIHOW workers expressed mixed feelings about being isolated from the rest of the health fair team all summer except for the mid-summer and end of summer evaluation sessions. The benefits, however, lay in gaining experience in a much broader area geographically as well as focusing on a specific health issue. All, agreed that the trade off was worth it.

The summer went quickly for the MIHOW special project because of the volume of work that needed to be completed quickly at each site. Although the results of the surveys have not yet been analysed completely, feedback from students and local workers has made clear that the maternal and infant health conditions in the project site areas are as poor as was suspected. Specifically, feedback indicates strong needs for family planning counseling, prenatal care, encouragement of breast feeding and economic development programs. We are hopeful that as the project continues, these six communities will serve as models for all those struggling to give their children a fair start.

*"How can I assess all the skills I acquired from training women to do their surveying jobs, working and living with Loretta and living with families who are all minorities in their communities (a white family in Stanton which is predominantly black, a black family in Guthrie, where prejudice against blacks is common, and a black woman in Gary, predominantly white)? The simple fact is I cannot assess all of it. I can only express my gratitude to (them all) for being such good friends to Loretta and me while we were in their communities."*

Burki Bush  
MIHOW Community Worker

*"Learning about the health needs of a small rural community was one of the things that I had hoped to get out of this experience. And I did! The medical field became more exciting every day. But there were some depressing aspects to this, too--like a twelve-year-old in Stanton who had a premature three-pound baby, a pregnant eleven-year-old in Guthrie, and in Gary, a woman nine months pregnant who had had no prenatal care and planned to deliver at home because she could not afford health care. I feel very good about the MIHOW project, about the MIHOW workers and about Barbara Clinton, and I feel confident that this project will help reduce the chances of these things happening in the MIHOW communities."*

Loretta Carrico  
MIHOW Community Worker

*"The hardest part of the summer was seeing the destitute conditions of many of these people, and working to improve the conditions for pregnant women and young mothers felt at times futile, in the overall scope of things.... And yet I brought back with me a sense, a feeling that I'm just beginning to understand....Part of it concerns the few people whom I did have a chance to*



to spend a little time with. I have an indescribable respect and awe for their will to survive, to fight despite the incessant burdens that enter their lives daily and a reverence for the rich as yet unspoiled lands of the Southern Appalachians.

Joanne Jaffin  
MIHOW Community Worker

"I expected some hostility from the community but did not encounter this at all. Unfortunately two weeks does not leave a lot of room for the development of those relationships, yet I felt like despite the limitations of time, there developed a degree of openness and trust which I did not expect. I learned that the tie of working together toward a common goal was a stronger force than divisive cultural differences."

Nancy Segal  
MIHOW Community Worker



## SPECIAL PROJECTS

The Coalition spent the last two weeks of the summer working on small scale special projects. The medical team split up into several small groups and headed out into new areas of Kentucky and Tennessee to work on health issues ranging from women's health to occupational health and safety to home health care for the elderly. Some involved "mini" two to three day health fairs, while others involved students working with community groups and doing basic screenings more informally in people's homes. Special projects allow the Coalition to broaden its scope substantially during the summer. Students have a chance to pursue a subject of particular interest to them and take the responsibility of designing the project themselves. We, as an organization, are able to offer assistance to new groups and continue assistance to old groups who chose not to make a commitment as large as that required by the full scale health fairs.

This summer we had five special projects which are described below.

### Memphis, Tennessee

Ten Coalition students joined the Student Environmental Health Project and local 282 of the United Furniture Worker's Union to hold a two-day health fair for union members and their families. STEHP had hired four students to study nerve disorders related to repetitive motion (primarily Carpal Tunnel Syndrome) and conduct health and safety surveys in three factories. The purpose of the fair, sponsored by local 282's health and safety committee, was to provide a free service to workers, which would also provide educational information and opportunities to follow up on health needs with local health care providers.

The fair was very successful. A steady stream of families flowed in on both days. STEHP students did an exceptional job of organizing, making sure that an abundance of volunteers worked at all times. Screening stations included blood pressure, lung function, scoliosis, height and weight, eye examinations, blood tests for anemia, sickle cell anemia, and diabetes, and dental checks. Educational stations included stress management, health education for children, voter registration, heart disease, and nutrition. We were impressed by the carnival-like atmosphere, embellished by balloons reading, "I love my union," children wearing surgical gear, and the presence of Blooper, the Memphis Chicks' mascot. Although some Coalition students found their role as volunteer rather than examiner less stimulating, the overriding response to the experience was positive. Students enjoyed the exposure to urban western Tennessee and learned a great deal about unions and health and safety issues in the workplace.

### Stewart County, Tennessee

Six Coalition students assembled in north Stewart County, Tennessee, for a three-day health fair, sponsored by the county health council which grew out of a Coalition health fair in 1981. Stewart County lies seventy-five miles northwest of Nashville and supports those who are employed primarily by textile factories and agriculture. During the summer, they had the highest unemployment rate in Tennessee, 42%. The health council has been concerned about the high incidence of pulmonary problems and diabetes in the area. Thus, the health fair included, in addition to basic screenings for high blood pressure, hearing,



glaucoma, and dental problems, testing of urine for sugar and lung functioning. The fair examined close to 350 county residents and the North Stewart County Health Council was very grateful for our continued involvement and support in their efforts to promote better health for their people.

#### Hazard, Kentucky

As mentioned in the descriptions of summer project sites, the Coalition's work in Hazard culminated in a six-day health fair for women. A total of eleven students participated in this project, five medical examiners, plus one rights and benefits counselor, the health educator, the health fair coordinator, one dental hygienist, and both community workers. Local doctors, nurse practitioners, nursing students and volunteers were always on hand for help and advice. Approximately thirty patients a day attended the fair, keeping a smooth, steady flow of activity without overwhelming the staff. One hundred thirty-five women altogether received examinations.

One innovative aspect of this fair was that we held it in three different locations to reach as wide an area as possible. For the first four days, the fair was at the Homeplace clinic; on the fifth day, the team moved to a church in Buckhorn, and on the sixth day, they moved to the Frontier Nursing Service Mary Breckenridge Hospital. Feedback from everyone on this special project points to its overwhelming success. Its deliberate focus on a specific interest, and its emphasis on thoroughly integrating health education into the entire experience at the fair, are features for the Coalition to emulate in future special projects.

#### Grundy County, Tennessee

Four students spent half a week traveling around isolated parts of Grundy County doing health screenings and home health visits under the supervision of Mountain Top, a rural ministry working to develop health and social service programs in the area. Students held screenings at several day care centers and a senior citizens center and made home visits to elderly members of the community. Mountain Top and the Coalition have worked well together in the past and this summer followed in the same vein. They served as an essential liaison between us and the community, while we helped to promote their organization and its projects. Students enjoyed exposure to remote parts of southeastern Tennessee and appreciated the mobility of their work and the personal contact they made with people in their homes. This project may well open up possibilities for a larger endeavor in the future with Mountain Top and the people of Grundy County.

#### Solo Ventures

Three students pursued projects independently, two medical, one legal. One of our rights and benefits counselors, a law student from Antioch Law School, offered to update and rewrite the manual that rights and benefits counselors use to help clients at the health fairs. This required laborious research in Washington, as the manual was in great need of updating, and then an equally laborious period of writing. The finished product, which included an insert for the medical examiners' manuals to help coordinate medical and legal work at the fairs, was outstanding. Future medical teams, especially rights and benefits counselors, will find their tasks easier and the work more efficient and effective as a result of this project.



Our second solo project brought a medical student to the Rossville clinic in a rural town outside of Memphis. The Coalition has had a longstanding relationship with Rossville and helped to initiate their clinic in the mid seventies. Our student spent part of a week observing, helping and learning at the clinic. The doctors there took him under their wing and made an effort to teach him about the patients and their conditions. The student said afterwards that the experience was a high point of the summer for him. Not only was gaining hands-on experience at the Rossville clinic valuable, but images he brought back of working in a rural primary health care center will no doubt remain vivid as he forges his own career as a physician.

The third project was conducted by Tom Grabowski, a medical student. Tom, with other students, took responsibility for following up patients seen during the 1982 health fair held in Martin County. They used a survey of these patients to draw conclusions on the health-related impact of the 1982 health fair. Some of the questions focused on medical and dental follow-up for problems identified during the health fair, such as weight loss, cessation of smoking, and the quality of charting by medical examiners. The purpose of the survey was to devise plans for individualized patient follow-up care.



# 1983 SUMMER PARTICIPANTS

Burki Bush  
 Bob Cain  
 Mike Carlson  
 Loretta Carrico  
 Andy Clark  
 Greg Combs  
 Kevin Donze  
 Marcia Egles  
 Mary Ann Ellis  
 Elizabeth Figueroa  
 Joanne Golden  
 Tom Grabowski  
 Armie Harper  
 Laura Hofmann  
 Kelly Howell  
 Beth Hutchinson  
 Joanne Jaffin  
 Colleen Keleher  
 Marcy Kephart  
 Rebecca Knapp  
 Tracy Laird  
 Jenny Lawrence  
 Jill Legg  
 Craig Linger  
 Cathy McCoy  
 Edward McEachern  
 Diane McKee  
 Petter Oettgen  
 Velda Overbey  
 Dean Quimby  
 Nancy Segal  
 Julie Triedman  
 Kitty Waller  
 Jon Weizenbaum  
 Sherri Worley

MIHOW Worker  
 Medical Examiner  
 Medical Examiner  
 MIHOW Worker  
 Medical Examiner  
 Medical Examiner  
 Co-Director  
 Medical Examiner  
 Medical Examiner  
 Rights & Benefits Counselor  
 Health Educator  
 Medical Examiner  
 Laboratory Technician  
 Community Worker  
 Dental Hygienist  
 Health Fair Coordinator  
 MIHOW worker  
 Community Worker  
 Rights & Benefits Counselor  
 Co-Director  
 Medical Examiner  
 Community Worker  
 Medical Examiner  
 Medical Examiner  
 Medical Examiner  
 Community Worker  
 Community Worker  
 Medical Examiner  
 Medical Examiner  
 Medical Examiner  
 MIHOW Worker  
 Community Worker  
 Medical Examiner  
 Community Worker  
 Dental Hygienist

Dennison University  
 Vanderbilt University  
 Vanderbilt University  
 Eastern Kentucky University  
 University of Michigan  
 Vanderbilt University  
 St. Louis University  
 Vanderbilt University  
 Vanderbilt University  
 Antioch University  
 James Madison University  
 Vanderbilt University  
 Vanderbilt University  
 Vanderbilt University  
 East Tennessee State University  
 Vanderbilt University  
 University of Michigan  
 University of Illinois  
 Earlham College  
 Brown University  
 Vanderbilt University  
 University of California--Davis  
 Vanderbilt University  
 Vanderbilt University  
 Ohio State Medical School  
 Emory University  
 University of the South  
 University of Connecticut  
 University of Kentucky  
 Vanderbilt University  
 Oberlin College  
 Yale University  
 Vanderbilt University  
 Brown University  
 East Tennessee State University



## STUDENT LEARNING

After working with the Coalition for two summers and a year in between, one is easily convinced of a certain magic that occurs during the summer when students and community people work and live together, connected for a time by common threads of interest and purpose. Some of that magic cannot be pinned down in words, but at the end of each summer, students can and do capture some by describing the discoveries, growth, and changes their experiences have brought them.

In the following pages, members of the medical team share some of their reflections on their summer with the Coalition.

*"Through the experience as rights and benefits counselor and conversations with local attorneys, I learned that to be a lawyer in rural areas such as these means much more than lawyering: it means social work and more often than not just serving as a more educated person."*

*Elizabeth Figueroa  
Rights and Benefits*

*"I think the beauty of the health fair is that we are able to help the community group by performing a service which is, on the surface, mainly a technical one....I think the technical service we offer through the health fair is an important one because it has positive repercussions for the (sponsoring) community group in ways we cannot estimate...."*

*"Encountering the bleak lack of public assistance programs has made me believe that perhaps I do want a career in law or public service. This was something I had been somewhat uncertain about before beginning my summer work."*

*Marcy Kephart  
Rights and Benefits*

*"The most rewarding thing I gained from the Coalition was meeting and becoming friends with so many people, especially Coalitioners, from so many different areas of the country. I learned so much from each and every one of them, not just about their different fields of education, but their lifestyles."*

*Sherri Worley  
Dental Examiner*

*"During the course of the fairs, we dental hygienists also helped medical examiners by verifying oral lesions and assisting with pelvic examinations. I was also able to do audiology exams and lab work. I was grateful for being able to expand my knowledge to perform these functions."*

*Kelly Howell  
Dental Examiner*

*"With what little practice I had (as a health educator), I ascertained that when the individual is treated as a whole person--body, mind, and soul--health education in that spirit is most effective."*

*Joanne Golden  
Health Educator*

*"I probably learned more in this one summer about people and how to deal with them than I did in four years at Vanderbilt. It also gave me chance to experience a totally different lifestyle--something I had never really been*



exposed to before. Most of all, it provides a way to be able to give part of yourself to someone."

Armie Harper  
Lab Technician

"This summer was a time of growth for me. The people I met and the friends I made have enriched my life more than I expected was possible. I learned that there are as many different ways of doing things as there are people to suggest them, and only rarely is there only one good solution....Your way of doing something usually isn't worse than mine; it's just different."

Beth Hutchinson  
Health Fair Coordinator

"My conception of health care was necessarily greatly influenced this summer, as it was my first experience 'in the field.' I learned that access to health care isn't enough if there isn't an adequate referral system in the medical community. I learned that physicians and other health practitioners are subject to good and bad motivations, and it is a difficult thing to be competent even within one's limited ability when the demands are great and resources are limited. The most important role models for most of us were the nurse practitioners who...took extra time to make each patient a learning experience for us....I came face-to-face with the reality of my ability to diagnose life-threatening problems, and I better appreciate the helplessness which patients feel during a health crisis."

Dean Quimby  
Medical Examiner

"I feel real positive about the summer. It was an experience in the best sense of the word: intense and challenging and fun, and I look back now and know that it has changed me in ways I've yet to realize....I'm confident that all of us will be affected in positive and startling ways by what we went through....More importantly, I feel confident that we made a difference to the communities we worked in. There were a lot of people to whom we made a significant difference medically, and lots more who may have a slightly different view of the medical care system and their role in it because of our example....I think it important that we simply came and demonstrated concern. For a lot of people that was the most that we could do."

Andrew Clark  
Medical Examiner

"Probably the most satisfying experience I had during the summer was with a female patient who had a history of recurrent pulmonary embolism. She had been to many doctors but had given up because she could no longer afford the care. I was able to refer her to Central Baptist Hospital in Lexington. It was a privilege to follow her for several weeks as her case developed, to talk with her about her feelings about her illness and its effect on her life, and to learn a lot about how the medical world works."

Tom Grabowski  
Medical Examiner

"In a medical sense, the summer provided a wealth of patient contact. Aside from the obvious educational benefits of listening to eighty different



hearts, etc., performing such a quantity of exams allowed me to develop a better style and approach to patients. I became much more comfortable with the history and exam process throughout the summer."

Craig Linger  
Medical Examiner

"I think the health fair team is very influential in bringing into the community a sense of unity and being an example to those members in the community who want to start and continue a group which could have great impact on the community through its continuing work."

Velda Overby  
Medical Examiner

"I learned a lot about health and disease, and about how people deal with health and disease. I learned about people in small towns, about how they talk, how they live, how they see things. I learned a lot about hospitality.... The work also provided many first glimpses at issues that I'll be coming to terms with for the rest of my life as a practicing physician. I discovered the challenge in trying to give medical advice that people will follow up on. Trying not to scare someone with frightening information, but at the same time emphasize its importance enough that some action would be taken....I think I spent more of my time just talking to people, learning about who they were, how they felt about doctors and themselves. I found myself often being able to provide emotional support. One of the aspects I enjoyed the most about the Health Fairs was providing education to people, watching their eyes light up because no one else had ever bothered to explain anything before."

Jill Legg  
Medical Examiner

"I feel special projects are important to the Coalition, both for the students and the communities. A specific need is outlined and focused on what a community has particularly requested. The students zero in on that need and learn to develop a certain expertise in an area, which builds confidence. When confidence is enhanced, there is a more comfortable, trusting, and appreciative relationship between the community and the students."

Kitty Waller  
Medical Examiner

"The ASHC affords a rare opportunity to explore the possibilities for rural health care, and draws together a very unique and warm group of individuals with similar interests. The ASHC is also controlled and directed solely by the students who participate, which allows for immediate changes in direction if the group so decides. In short, it is not far from an ideal, set by students, to discover and serve the health needs of rural communities in Appalachia. The energy, love, and oneness experienced within the group while striving to achieve this goal in the past ten weeks has been remarkable."

Peter Oettgen  
Medical Examiner



"The senior citizens were a great lesson in old people that has probably altered my view of elderly people for good. The biggest reason there is isolation of elderly is the cycle of isolation, and if the young were given the opportunity to know older citizens as a matter of course, we would all see how undesirable the isolation is. I made friends who are fifty years older than I. I feel privileged to have had that opportunity, to see myself in their shoes, to see how rich their personalities can get after being personalities for such a long time. I love the people of Loretto, and I'll never forget how well they taught me....They're the epitome of what the Coalition tries to do--help people discover that they can take charge of their own lives and better themselves without anyone's help in the face of powerful antagonists."

Greg Combs  
Medical Examiner

"My patients took an interest in my education. They told me how they wanted doctors to treat them and how they felt about their illnesses. I don't think I'll be in a situation again where my patients feel comfortable giving me that kind of feedback. What I learned from them I will always carry with me and hope it will make me a better, more understanding physician."

Mary Ann Ellis  
Medical Examiner

"The ASHC experience was one which I'm sorry not everyone in the medical field will have. The confidence, perspectives on health care, and friendships which I've gained from it have made it more than a worthwhile thing to do.... Whether or not we were successful in helping the communities in a political way is impossible for anyone to say now, but seeing what the remote powers can do to run (ruin?) the residents lives, and how these "little people" can exercise effective power--to whatever degrees--has given meaning to other struggles and will always affect my career choices in the future."

Bob Cain  
Medical Examiner

"The most definitive influences on my future goals came from working and living in a rural area. I have been concerned that I practice as a physician where I am needed, so, I have often toyed with the idea of a rural practice.... This summer has left me with several impressions that will enter into my future career decisions: I was enchanted by the pace of living and the emphasis on the basics. I became acutely aware of my enjoyment of health education and how much effect it could have in rural areas. I am glad to have met physician role models. Some were so different than the average physician encountered in a university hospital. I have more realistic information for making a decision about family practice."

Cathy McCoy  
Medical Examiner

"The major complaint I heard from people this summer is that doctors do not listen nor do they explain things in understandable terms. Perhaps the best thing we did for people this summer was to give them a chance to talk and freely ask questions. I was impressed over how grateful people were to have had such a chance."

Marcia Egles  
Medical Examiner



*"The Appalachian Student Health Coalition was a wonderful experience and I would heartily recommend it to other students."*

*Mike Carlson  
Medical Examiner*





## RECOMMENDATIONS

The Student Health Coalition has always been a student run organization, which depends heavily on input from students during the year and on the involvement and participation of all its members during the summer. Without this input, it is safe to say that the Coalition would lose a vital portion of the stuff which keeps the organization growing, changing, and responsive to new needs of communities and students both. The yearly turnover of summer participants and co-directors makes the continual transmission of ideas for improvements and innovations difficult to say the least. Co-directors often find themselves "reinventing the wheel," and students sometimes feel as if their suggestions evaporate after the group disperses at the end of the summer. The following recommendations are an attempt to provide a bit of continuity from one year to the next. They are the product of two co-directors' year of learning from their successes and failures, and they are a synthesis of the invaluable feedback we received at all of our evaluation sessions: orientation, mid-summer conference, end of summer conference, and final written reports. We hope they will be of some use to future Coalitions.

1. In its annual plan, the Coalition stated that its goals were consistent with the Center for Health Services commitment to public service, student learning, and community mobilization. Of those three, we believe community mobilization ranks highest in priority. Over the last several years as the political mood in the nation has shifted and the sixties recede farther into the past, we find the Coalition running ever greater risks of becoming just an exciting learning experience for students. We urge future co-directors to resist that inclination by choosing students, issues, and communities that will, in combination, produce a situation conducive to making longterm improvements in community health.

2. Nothing seemed to come across more vividly to us in our work out in the field than drastic effects of widespread unemployment on individuals, families, and communities. It was the number one issue. The time is ripe for the Coalition to take on this issue in its work, and we strongly recommend that it seek community groups' interest in focusing a health fair on economic development.

3. Selecting sites was one of the most difficult, time consuming, and ultimately rewarding tasks of the year for us. We found that establishing relationships with community groups takes a great deal of time and energy and that more importantly, once you and a group decide to go ahead with a health fair, that's when the real work begins. We started this process too late in the year for comfort and strongly suggest the co-directors begin well before Christmas in October or November. No formal commitments need be made before early March, but the ground work must be laid well before.

4. In recent years, the Coalition has been roaming farther and farther from home to hold summer health fairs. While we recognize that areas in Eastern Kentucky and West Virginia have made good use of our resources, the trade off comes in travel costs and exhaustion from frequent long, hot journeys. We do not recommend pulling out of these areas altogether, but we do suggest focusing more attention on Nashville's "back yard." The Loretto site in South Central Tennessee was one of the biggest successes and only two hours away from Nashville. The need and eagerness are as great nearby as they are in the heart of the coal fields.



5. Our less successful sites this summer taught us valuable lessons on the essential ingredient of working with solid, committed, well organized grassroots community groups. Slowly, the Coalition seems to be coming to grips with the fact that ten weeks is not enough time to organize a community group, whereas it is plenty of time to lend ourselves as staff members, assistants, and researchers for already established community groups. We would not want to discourage working with communities or groups that show true potential for cohesiveness, but recommend that if possible, summer projects be launched under the supervision of groups that have already gained the support of the community.

6. Each year it becomes more and more difficult for the Coalition to secure grants from new foundations. For the last two years we have been putting energy into broadening our base of support by soliciting contributions from local corporations and by developing an extensive mailing list to solicit direct mail contributions from individuals. The direct mailing was quite successful last year and shows promise for the future. We recommend that co-directors continue on this path and seek new ways to develop a broader, more secure base of support for the organization.

7. Division or distance between the medical team and the community workers is a common source of tension during the summer program. Medical examiners expressed a great desire to be involved in or at least informed about the issues of each community and the activities of the community group. We recommend that in the future, there be more extensive orientation at the sites before the health fair begins that will inform the medical team of the issues that affect the community and their future health fair patients.

8. Efforts this year to include more minority students and address racial issues, though sincere did not get very far. The Appalachian Student Health Coalition is and always has been a very white organization whose structure and somewhat meager salaries serve to reinforce that aspect. Still, we urge future groups to continue to take these issues seriously, to confront them with sensitivity and careful thought in the broader context of social change, not to shy away from them. It is time, we think, for a racially mixed group to work both in Appalachia and in West Tennessee.

9. In hopes of fostering continuity year to year, we, as a group, have decided to make open the option to co-directors that they stay on for a second year if selected again by the summer group.

10. By far the most difficult decision the summer group is called upon to make collectively is, who should take over the co-director positions. In years past, confusion about the process of selection has led to angry disputes and bad feelings. This summer, we took great pains to agree on a selection process at mid-summer, and agreed once more to be sure just before the process began. This seemed to work well and we urge next summer's group to take the time to clarify the process well in advance, too.

11. Because the Coalition is based at Vanderbilt, works in rural southern communities, and seeks to develop longterm relationships between students and communities, we recommend that co-directors continue to place heavy emphasis on hiring a majority of students from southern schools, particularly Vanderbilt students and those near areas where we work. Students from other parts of the country contribute an essential element of diversity, but southern students are more likely to stay, live, and work in the south, and therefore should make up the majority of the summer crew.

12. For many years now, the future of the Coalition has been a big and mysterious question. As we move farther away from the traditional focus of



clinic development, what new focus will take its place? As a group, we endorsed the idea of spending time and resources to research options for work in the field of home health care. Our summer work pointed strongly toward success with health fairs focusing on special interests like care for the elderly and women's health. Other topics could include child health, adolescent health, or care for special needs and the handicapped. We firmly believe that the survival of the Coalition depends on its openness to new directions and the subsequent changes in structure and approach. As we cut ourselves loose from our involvement in the program, we hope that in the future, the Coalition will continue its Odyssey of exploration.



APPENDIX



# FUNDING ACQUIRED IN 1982-83

Lyndhurst Foundation	\$40,000.00
Aetna Life & Casualty Foundation	25,000.00
Steele Reese Foundation	30,000.00
Hearst Foundation	5,000.00
Charles L'Hommedieu	1,200.00
Stride Rite Corporation	1,000.00
Collections	5,986.55



AGENDA - 1983 ASHC MID-SUMMER CONFERENCE

I. Introduction

Purpose of Conference

Additions and Changes

Introductions

II. Site Reports

Martin - Jenny and Jim

MIHOW - Burki/Loretta, Joanne/Nancy

Lawrence - Diane and Laura

Hazard - Colleen and Julie

Magoffin - Edward and Jon

III. Evaluation of Site Selection

A. Selection Criteria

B. How It Fits with Goals of ASHC Work

C. Discussion of Sites--Evaluation, Recommendations

IV. ASHC Funding

A. Where We Get Our Money - Total Expenses

B. Help -- Donations, In-kind, Contacts, Parents

V. Future of Coalition

A. Role - Organizing, and Technical Assistance, Follow-up, Student or Professional Organizations.

B. Leadership

1. Field Director, Medical Part-Time

2. Two Year Position, Staggered.

LUNCH



## VI. Process for Co-director Selection

- A. Appoint
- B. committee
- C. Group

## VII. Group Discussion - Community Workers and Health Fair Team

- A. Community Workers - working in pairs: advantages, disadvantages, expectations, troubles, coping mechanism.
- B. Medical Team - supplies, recruit, PA, site selection, follow-up, preceptors.

## VIII. Rest of Summer - Schedule

- A. Special Projects
- B. End of Summer Conference -- committees on agenda, food/cooking
- C. Recommendations for next five weeks of work.

## IX. Miscellaneous and Wrap-up

- A. T-shirt
- B. Questions
- C. Added Items
- D. Integration
- E. Behavior in Community
- F. Reimbursement



Appalachian Student Health Coalition  
June 5 through 11, 1983

Summer Orientation Schedule 1983  
MEDICAL

Sunday, June 5		
6:30 P.M.	Arrivals- Plans for the week, housing arrangements, socializing, Haagen-Dazs!	Center for Health Services
Monday, June 6		
9:00-10:30	Introductions and Group Management	Light Hall 311 Becca and Kevin
10:30-11:00	Money Matters: Budget and Reimbursement	Light Hall 311 Syd Mayberry & Kevin
11:00-12:00	Brief History and Overview of the Summer Project	Light Hall 311 Becca and Kevin
12:00-12:30	Lunch: You might want to bring a brown bag.	
12:30-2:30	The Adult History and Common Health Problems: Interviewing Skills	Light Hall 315 Dr. Rich Orland
2:45-3:45	How to Screen for Hearing and Speech Problems	Light Hall 315 Ms. Kathleen Collins
4:00-5:00	Open Discussion on the Purpose of the Coalition	Light Hall 315 Dr. Patricia Woodall
7:30 P.M.	Movie: "Appalachia: No Mans Land"	Center for Health Services
Tuesday, June 7	<u>Cultural Orientation</u>	
9:00-10:00	Images and Stereotypes of Southern Poverty - Exercise	Light Hall 431 Dr. Richard Couto
10:00-12:00	Power Structure	Light Hall 431 John Gaventa
12:00-1:30	<u>Catered lunch</u>	Center for Health Services
1:30-4:00	Discussion: Community Struggles in Their Own Words	Light Hall 431 Fula Hall, Y. C. C. C., and others
5:30-7:30	Picnic/Run-Percy Warner Park	
Wednesday, June 8		
9:00-10:00	Birth Control Methods and Their Efficiency	Light Hall 315 Mr. Ted Anderson
10:00-11:00	Interpretation of Pap Smear Results	Light Hall 315 Dr. Howard Jones
11:00-12:00	Sexually Transmitted Diseases	Light Hall 315 Mr. Bob Keller
12:00-1:00	Lunch	
1:00-3:00	Practical Aspects: Breast Exam, Immunizations, Peak Flow Meter, Rectal-Prostate Exam, possibly Tonometry	Light Hall 315 and 317
3:00-3:15	Explanation of the Lab	Light Hall 315 Armie
5:30-7:30	Softball Game ASHC vs. STEHP	Peabody Field
Thursday, 9		
9:00-11:00	The Pediatric History and Exam	Light Hall 319 Dr. John Greene
11:00-12:00	The Oral Exam	Light Hall 319 Sherri and Kelly
12:00-1:00	Lunch	
1:00-3:00	The Adult Exam	Light Hall 319 and 439 A/B
3:00-3:30	Rights and Benefits Referrals	Light Hall 319 Jon Weizenbaum
5:15-7:30	Gynecological Exam (Medical Examiners Only)	OB/GYN clinic Betsy Brock
Friday, June 10		
8:00-5:00	Health Fair	United Methodist Neighborhood Center
5:45	All medical and non-medical folks organize for weekend retreat @ the Center	



# APPALACHIAN STUDENT HEALTH COALITION

## Summer 1983 Orientation Schedule

<u>Sunday, June 5</u> 6:30 P.M.	Arrivals-- Plans for the week; housing arrangements; socializing; Haagen-Dazs!	Center for Health Services
<u>Monday, June 6</u> 9:00-10:30 10:30-11:00 11:00-12:00 12:00-1:00 1:00-4:00 7:30	<u>Business, Background, and Organizing</u> Introductions and Group Management (Becca and Kevin) Money Matters: Budget and Reimbursement (Kevin and Syd) Brief History of the Coalition; Overview of summer plans and projects (Becca and Kevin) Lunch on your own Community organizing workshop: Introduction to organizing--why organize? Student's v. community member's role (Barbara Clinton and Eula Hall) Movie: Appalachia-- NoMan's Land	Light Hall 311 Light Hall 311 Light Hall 311 Light Hall 311 Center
<u>Tuesday, June 7</u> 9:00-10:00 10:00-12:00 12:00-1:30 1:30-4:00 5:30-7:30	<u>Cultural Orientation</u> Images and stereotypes of Southern Poverty--exercise (Dick Couto) Power Structures in Appalachia (John Gaventa) Everybody's catered lunch Discussion: Community struggles in their own words (Eula Hall, Larry Wilson of Y.C.C.C., and others) Cook out/run at Edwin Warner Park (ASHC & STEHP)	Light Hall 431 Light Hall 431 Center Light Hall 431 Edwin Warner Picnic area #3
<u>Wednesday, June 8</u> 9:00-12:00 12:00-1:00 1:00-2:30 5:30-7:30	<u>Community Organizing</u> Community and group power analysis; research in communities; resources in communities (Barbara Clinton and Jamie Cohen) Lunch on your own Role play: door knocking and meetings (Barb and Jamie) STEHP-ASHC annual softball game	Light Hall 311 Light Hall 311 Peabody field
<u>Thursday, June 9</u> 9:00-10:00 10:00-12:00 12:00-1:00 1:00-2:30 7:30-10:00	<u>Southern Network of Social Change Groups</u> Center Resources: resource room, video tapes, etc (Dick Couto) Tennessee Association of Primary Health Care Centers (TAHCC): Community Health in TN. (Jay Harrington) lunch on your own Save Our Cumberland Mountains (SOCM): Strip mining and land ownership in Appalachia Watermelon Social	Center Light Hall 311 Light Hall 315 Center front porch
<u>Friday, June 10</u> 9:00-10:00 10:00-12:00 12:00-1:00 1:00-4:00 4:00	<u>Technical Information for organizers</u> How to organize for a health fair (Becca) Fundraising workshop; strategies for work in communities (Cathy Hearne and Becca) lunch on your own Info. for specific sites: work plans All non-medical people organize and pack for the weekend retreat (followed soon after by all medical people!)	Light Hall 311 Light hall 311 Light Hall 311 @ Center



## ASHC SUMMER '83 - EVALUATION AND REFLECTION

This evaluation is designed both to encourage you to take some time to sit back, reflect on, and record your experiences this summer and to give you one last opportunity to share any impressions, thoughts, and suggestions you have about the program. As you know, the Coalition is committed to student participation and group decision making; your responses, in combination with the responses of others, serve as a vital guide to the course of future Coalitions. Personal feelings about the summer, how you've "grown" or changed, what you've learned, etc. are, I believe, as valuable as your more intellectual responses, so feel free to speak from the heart!

The following questions are intended to help you reflect on your experiences this summer. Don't feel you have to answer every question. You may want to use them as guidelines only. OK. Go to it!

### I. Personal Responses (everyone)

- A. Try to think back to the start of the summer...What expectations did you bring to the job? Were they realistic and did your experiences match, exceed or fall short of the expectations? How would you re-evaluate your expectations now? Did your expectations conflict with the community's expectations of you?
- B. What are your thoughts about being in Appalachia, South-central TN, and West TN? If you came with stereotypic images of these places, how have those images changed? What were your reactions to the different sites?
- C. What was the most satisfying/frustrating aspect of the summer? The high point? The low point? Would you do it again and/or recommend it to others? Why?
- D. What did you learn about yourself? How did you grow or change? How has the summer effected your personal and career goals?
- E. How did you feel about the pace, the schedule, the intensity of the summer?
- F. How did you feel about your living situation(s)? How were you accepted by the community? What kinds of personal ties did you establish with community people? Share some memorable experiences, encounters, or stories from the summer.

### II. Community workers

- A. Background of your community-- Give a brief description of your community. How has the community changed in the past ten years with respect to population, employment, income levels, health problems, community services? What, according to your perceptions, are the main concerns and problems in the community today? What are the existing community groups, health and social services in the immediate area? Around which issues has the community organized in the past and were they successful?
- B. Description of summer work-- Recount chronologically your involvement in the community. What happened before, during and after the health fair? Please try to be as specific and detailed (though concise) as possible, including major meetings, community leaders' activities, newspaper articles, radio shows, community events you were involved in, etc..  
What did the sponsoring group or the community in general get out of working with the Coalition this summer? How could you and/or the Coalition have better met their needs? What do community people expect from their relationship with the Coalition once the community workers leave? How did the sponsoring group change or develop during the summer?



- B.(cont.) Did you feel the health fair was an effective organizing tool for the community? How might it have been more effective? How could the fair have run more smoothly or been more of a success? Were you satisfied with the ammount of community involvement in the fair? How might other health related issues have been addressed by a health fair?
- C. Role within the Coalition-- How do you perceive/define your role as a community worker? How do you view your responsibility to the community? How was your role different during the health fair and did you enjoy it? Was there enough continuity and communication between the community workers and the h.f. team? If not, how could it be improved?
- D. Contacts-- Who are the key people in the community? Give names, addressed, and phone numbers if possible, and a brief description of their invovement in the community this summer. List people who helped out as well as those who seemed to block progress. How are these people viewed by the rest of the community? How can the Coalition build on your relationship with these contacts? Was there a discernable power structure or dynamic within the sponoring group? If so, describe it.
- E. Follow up-- What are your suggestions for Coalition follow up work in your community? With whom should the Coalition stay in contact? What possibilities are there for the Coalition to work in your community again next summer or in the future? What criteria should the Coalition use to decide whether or not to return?
- F. Preparation-- How could pre-summer site preparation have been better? Specifically, what additional ground work should have been done during the school year? What additional information or training at orientation would have better prepared you for your work this summer?

### III. Special Project workers

- A. Background of your project-- Briefly describe the project and its main objectives. Describe the group sponsonig the project. What role did your work this summer play in the project as a whole? Briefly describe the community(ies) you worked in this summer (population, main employers, occupations, income levels, local issues, health problems, existing services)
- B. Please answer questions II B,D,E,and F. (those that are applicable or that you feel like answering)
- C. Relationship to the Coalition-- How did you feel about your role within the Coalition as a special project worker? What were the positive aspects and negative aspects? What are your thoughts on Coalition special projects in general? Are they wothwhile or should we abandon them? What purpose do you think they serve? How could they be changed or improved?

### IV. Other

- A. How do you feel about the co-director selection process? How might you change it?
- B. How do you feel about Dick Couto's suggestion that home health care be a new focus for the Coalition?
- C. Do you have any ideas or names of possible contacts to help the Coalition raise funds for future summers?
- D. Any other comments, suggestions, ideas. If you're not yet wiped out, feel free to add them! Thanks guys.